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ABSTRACT

The manual presents policies and guidelines for planning and developing group homes for developmentally disabled and mentally retarded adults. Procedures are outlined for agencies involved in developing a group home, including the area mental health program, non-profit board, regional mental health office, regional facilities serving the mentally retarded, county department of social services, and the division of facility services. Among topics addressed are group home location, funding, resident selection, and facility licensure. The bulk of the document is comprised of 53 appendixes, including sample application forms, sample agreements between cooperating agencies, lists of job responsibilities, and information on community relations. (CL)

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PROCEDURE MANUAL

FOR

GROUP HOMES

FOR

DEVELOPMENTALLY DISABLED ADULTS

STATE OF NORTH CAROLINA

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF MENTAL HEALTH SERVICES
MENTAL RETARDATION SECTION

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INTRODUCTION

". . . When we take a man as he is, we make him worse; but when we take a man as if he were already what he should be, we promote him to what he can be. . ." GOETHE

Mentally retarded persons have the inherent right to strive to fulfill their potential as human beings. Just as abilities of people in the general public vary, so do those of the retarded. All mentally retarded persons can be helped to lead a richer and more dignified life regardless of the degree of their retardation.

We believe in providing services which give persons who are mentally retarded an opportunity to develop their potential, to become more self-sufficient, and to attain self-confidence and dignity. The habilitation of an individual includes efforts to assist the individual in developing his potential vocationally and also in developing his maximum level of independent living. We also believe that each mentally retarded person should receive the appropriate protective and follow-along services that he/she individually needs.

It is within this framework that the attached guidelines were developed. Through these guidelines, it is hoped that all private and public agencies of North Carolina can work cooperatively toward creating an effective, meaningful return of institutional residents to society; and that unnecessary institutionalization of mentally retarded persons now on our waiting lists and/or living at home can be prevented and that necessary structure, supervision, and protection in the least restrictive environment possible can be provided.

If persons who are mentally retarded are to be prepared to live as independently as possible in the community, then we must provide them with a setting which is conducive to integration and which diminishes those features which would tend to set them apart from society. Any housing for mentally retarded persons should, therefore, be located in a residential neighborhood and should not stand out as being any different from other residences in the neighborhoor. In order to facilitate integration, the size of the residence should conform to what is conventional in the surrounding community. Especially it should be kept in mind that a residence for mentally retarded persons should never be intended for a larger number of persons than the surrounding neighbors can readily assimilate in their regular, every day community life. For the same reason, such housing should be geographically dispersed so that no neighborhood has more residences for the handicapped than it can readily absorb.

In addition to neighborhood integration, mentally retarded persons must also have access to the community at large; therefore, all housing used for placement of these individuals should be located on or close to public transportation. The mentally retarded persons can then be encouraged to use the shopping centers, educational programs, adult developmental activity program, and medical facilities. Thus, integration can be facilitated on a much broader scale than would be possible within the limits of one neighborhood. It would also enhance broader community acceptance.

In order to expose persons who are mentally retarded to normal living within the community, the physical setting should be pleasant and home-like. In the physical environment, overcrowded conditions should be avoided and there should be provision for privacy, as well as group activity. This may generally be accomplished through private or semi-private bedrooms with family or recreation rooms available. Living accommodations should be adequately and comfortably furnished, but should reflect individual tastes.

The standards of the physical facilities for community residential programs should be the same as those regularly applied in society to the same kind of facilities for ordinary citizens. State and local fire-safety codes, building codes, zoning laws and sanitation standards must be met for any facility housing mentally retarded persons, just as they must be met in order to protect the health and safety of any other people housed in similar facilities.

Attitudes of people providing homes

Perhaps the most important aspect in Community Living Arrangements or Community Residential Programs is the attitude of the people who assume the responsibility of providing these residential settings. No human being can be expected to grow and flourish in an atmosphere which is rejecting, stifling, or de-humanizing. For all people, the home serves as a base from which to go forth for community interaction in schools, on the job, in recreational facilities, etc. Without a secure, comfortable home-base, one cannot realistically expect any mentally retarded person to become totally habilitated and to function within his own limitations, in an independent and productive manner.

The people involved in providing a residential setting must accept residents as valuable human beings and as individuals. They must treat the resident with the respect due to all human beings which is essential to their self-concept and dignity. Affording dignity means recognizing and honoring the individual's rights and his capacity for self-direction to the greatest extent possible within the limits of his handicap. The differences between dignity and dehumanization can range from the obviously blatant to the very subtlest means of communicating an attitude.

To give just a few implications of the concept of dignity in a residential setting, residents must be allowed privacy, use of the telephone, uncensored mail, personal possessions, freedom of movement, freedom to practice their religion, etc. To the extent possible that an individual is capable of handling the responsibilities involved, he should be allowed to come and go from his home, have friends in, have appropriate contact with the opposite sex, and experience the normal role of an adult, being treated

according to this age. An individual's ability to handle the responsibilities involved in all of those areas must be explored during the person's habilitation period if, considering his limitation, independent living is a goal of the program. Dignity includes the right to take risks in community and personal experiences.

Most persons, no matter how handicapped, tend to strive to achieve what is expected of them. If the people in charge of the residential program expect the resident with whom they are involved to be trustworthy and do his very best, their expectations are likely to become realistic. Making residents feel trusted as hard working, honest individuals who are successful within their capabilities will give them incentive to be exactly that. Thus, a high expectance should be imposed in all residential facilities regardless of the degree of structure of independence involved in them. Expectancy is one of the most powerful means of modifying or changing behavior.

All persons should receive emotional support in their home setting and the guidance that they need to make the most of their opportunities in community living. A strong emphasis should be placed on supporting and providing a rich variety of experiences for the resident. If the people providing homes are accepting and supporting of these individuals, this should be demonstrated by a willingness, hopefully an eagerness, to cooperate with other agencies involved in serving these people.

Life Styles

In order for mentally retarded people to fit into society, as inconspicuously as possible, and not stand out as being *"different"* a *"normal"* life style should be present. Any community residential program including mentally retarded people should establish a setting which provides a normal rhythm of the day, awakening, eating meals, working, and sleeping, at the same times that other people in society do these things. A normal rhythm of the week should also be established, leaving the place of residence to work, attend school, recreate, etc., as other people in our society do. This implies a separation of the function, as it is not normal in our society for people to live and work in the same setting or to spend all of their leisure time in the same facility in which they live and work. In other words, the same patterns and conditions of every day life should be available to the resident and should be as close as possible to the norms of society and at the same time provide needed supervision.

People who are mentally retarded, as others, must have good models of *"normal"* adult life in society. The home manager(s) should not only be well adjusted, good models themselves, they should also encourage and facilitate residents' contact with non-retarded people in the community.

Guidance and Training

People assuming the responsibility of providing housing for mentally retarded persons should also provide guidance and training for them. Residents should be expected and taught to assume responsibility by sharing duties within their capacity. Such work in a residential setting must not result in exploitation of the resident or cause them to feel that they are wanted only because of the work they do. Such involvement in the living skills will help each person to gain practical knowledge and will help prepare him for greater independence.

People who are mentally retarded may further need guidance in the areas of grooming, hygiene, budgeting, and socialization. As previously stated, they should be encouraged to participate in leisure activities and to make use of community resources to the extent that each individual is able.

Discretion must be used in determining which responsibilities and freedoms any one person can reasonably be expected to handle. Very realistically, some mentally retarded people are not prepared to cope with all of the responsibilities involved with individual rights and freedoms which have been outlined. Goals must be determined individually and realistically so that people are not set up to fail. Residents should share in the selection of their own goals. Their right to try (risk-taking) should always be remembered.

Rights and privileges should be clearly defined. Any removal of rights or privileges, for disciplinary reasons, should usually be for definite lengths of time; and should always be accompanied by an explanation to the person involved. Any disciplinary policy should be in writing (clearly defined) and understood by each resident.

Small community residential programs should offer a warm, family-like environment without the feeling of institutionalization. Residents in these programs must receive a total array of services and programs to meet their various needs and levels of capability, and not just 24-hour care. These programs and services will promote a complete life for these individuals in the community setting.

USE OF THE GROUP HOME PROCEDURE MANUAL

I. Minimum Standards - Group Home for Mentally Retarded Adults

The Minimum Standards shall be followed in the development and operation of a Group Home for Mentally Retarded Adults.

II. Policies

The policies listed in this section shall be adhered to by developers and operators of Group Homes.

III. Guidelines for Planning and Development of Group Homes (Section 1 through 6)

The descriptions in this section are suggested guidelines to follow in planning and developing a Group Home. It should be noted there is no suggested time frame as it is felt there will be varying circumstances surrounding the development of each Group Home. As a rule, three (3) to six (6) months should be adequate in developin a Group Home.

These sections list the various agencies (including Non-Profit Board) involved in the development of a Group Home, with the necessary steps for each to follow. It is important to follow these sections in sequence as certain tasks must be done before other tasks can be started.

In order to effectively utilize the Procedure Manual, it is suggested that one become familiar with the role and responsibilities of each agency. It should be noted that a joint and cooperative effort is necessary to accomplish the development of a Group Home.

IV. Use of Appendix

There are references throughout the descriptions (Sections 1 through 6) to Appendix items, which are found in the back of the manual. Again, these items are suggested guides to assist you in planning.

MENTAL RETARDATION SERVICES

GROUP HOMES FOR MENTALLY RETARDED ADULTS

MINIMUM STANDARDS

Introduction

This document contains standards and guidelines to assist those communities interested in developing or operating a group home for mentally retarded adults.

Small community residential programs (group homes from two to nine residents) should offer a warm, family-like environment without the feeling of institutionalization. Residents of these homes must receive a total array of services and programs to meet their various needs and levels of capability, and not just 24-hour care. These programs and services will promote a complete life for these individuals in the community setting.

It is also the current thinking of the Division of Mental Health Services that mentally retarded persons should be grouped together in community residential facilities. While this seems to be contrary to the principles of normalization which dictate that retarded persons should meld with average persons, it appears that currently in North Carolina retarded persons cannot be placed among average persons or among persons with other disabilities without allowing them to *"fall through the cracks."* Moreover, peer relationships can be stronger if the residents have common interests and problems. However, enough program flexibility should persist to allow persons to move into more integrated living arrangements, if appropriate.

Group homes may be operated by two types of agents: 1) governmental (mental health center), and 2) private non-profit boards. Each of these two agents must meet certain criteria in order to be funded and must utilize appropriate funds in specific ways.

Standard 1. The governing body of group homes operated by a private non-profit corporation shall be legally constituted under the provisions of the North Carolina Non-Profit Corporation Act.

Factor 1: The articles of incorporation, bylaws, or constitution shall describe the purpose for which the corporation is organized, provide a governing body, and describe the membership and responsibilities of the governing body.

Factor 2: The articles of incorporation and bylaws shall describe the procedure for selection, tenure of, and removal from office of, members of the governing body; the responsibility and duties of each officer; the method of amending the bylaws; providing for assets should the corporation dissolve, and the responsibility of the governing body for the formulation and implementation of overall policy as required by the North Carolina Non-Profit Corporation Act.

Factor 3: The membership of the governing body shall be broadly representative of the community and should include representatives from the following: a) the local mental health director or designee; b) county Department of Social Services; c) local Association for Retarded Citizens; d) other interested consumer groups and citizens (example: financial advisor, lawyer, representative from a sheltered workshop, work activity, recreation or adult activity program, educator or physician); e) other relevant agencies (example: vocational rehabilitation, health, university, community college or technical institute); and f) the regional mental retardation center (ex-officio membership).

Factor 4: Members shall serve without pay.

Factor 5: No financial benefit or conflicts of interest shall arise as a result of membership on the governing body.

Factor 6: The membership shall meet at least quarterly with described provision for special meetings. Minutes of all official meetings shall be maintained and shared with the mental health center and regional mental health office.

Standard 2. The governing body shall exercise general supervision and establish policy regarding property, funds, management and operations.

Factor 1: The governing body, in conjunction with the mental health center, shall ensure that the group home has a valid state license to operate.

Factor 2: The governing body shall ensure that the financial aspects of the program are properly administered as follows: a) an annual budget is prepared that adequately meets the needs of the home; b) accounting practices are in accordance with generally acceptable accounting procedures; c) the financial record identifies each expenditure; d) a quarterly individual resident progress report and a quarterly financial report are submitted to the mental health center which, in turn, reports the results in the quarterly report to the regional mental health office; e) the financial activities of the program are to be audited annually; f) sound ethical and business practices are observed in the purchasing of equipment, supplies, services (including purchase by means of a system of competitive bidding whenever possible and payment of obligations and collections); g) residents shall be allowed to handle their own funds; and h) individual resident accounts of personal income follow acceptable accounting procedures, and each resident is counseled and kept informed of his financial standing.

Standard 3. The governing body shall maintain close working relationships with local, regional and state resources to assure: a) proper selection of residents; b) in-service training for staff; c) program evaluation; d) technical assistance and consultation to the home(s).

Standard 4. The governing body of group homes operated by the community mental health center shall be the local mental health authority.

Factor 1: The local mental health authority shall establish a group home committee with an elected chairman to coordinate group home services.

Factor 2: The group home committee should be comprised of at least six members with representation from: a) the local mental health director or his designee; b) the local Association for Retarded Citizens; c) other interested consumer groups and citizens; and d) other relevant agencies.

Factor 3: The group home committee shall: a) review reports from the group home; b) maintain minutes of each meeting which are shared with the community mental health center; c) keep informed about the developments affecting the lives of residents in the group home; d) work to promote the continued success of the group home; e) alleviate any conditions which oppose the philosophy and standards under which the group home is established or should be operated.

Standard 5. Each group home shall employ a manager(s).

Factor 1: The manager(s) should have specialized training and work experience with developmentally disabled persons, and shall have a high school diploma and/or passed the high school equivalency certification.

Factor 2: The manager(s) should have related experience in programs relating to mental retardation.

Standard 6. The hiring, assignment, and promotion of employees shall be based on their qualifications and abilities, without regard to sex, race, color, creed, irrelevant disability, ethnic or national origin, or membership in an organization.

Factor 1: All group home staff shall be at least 18 years of age, but preferably 21 years of age.

Factor 2: Manager(s) and all staff shall have a physical examination prior to employment and annually thereafter.

Standard 7. A personnel record shall be maintained for each staff member including his job application, references and results of the annual physical examination.

Standard 8. The group home shall have a Manual of Personnel Policies and Procedures.

Factor 1: The manual shall contain information dealing with conditions of employment, salary classifications, job descriptions, job performance, evaluation, promotional opportunities, fringe benefits, sick and vacation leave, off-duty leave, Workmen's Compensation, a personnel grievance system, and severance procedures.

Factor 2: Each employee shall be given a copy of the manual when he begins work in the facility.

Standard 9. When resident(s) needing care and supervision are in the home, one staff member shall be on duty at all times.

Factor 1: There shall be one staff member on call at all times.

Factor 2: There shall be one staff member in the home at night.

Standard 10. There shall be an in-service training program for employees of the group home provided by staff of the community mental health center, regional mental health office, regional mental retardation center, university, community college and/or technical institute, or other appropriate agencies or individuals.

Factor 1: Each group home shall participate in pre-service training which should include: a) orientation to community organization; b) introduction and orientation to the regional mental retardation center and the mental retardation unit of the regional psychiatric hospital; and c) on-site training in a group home.

Factor 2: The community mental health center adult group home coordinator shall be responsible for continuous in-service education and training programs.

Factor 3: Staff should be encouraged to read literature pertinent to care of, and programming for, the mentally retarded.

Standard 11. Each group home shall be evaluated annually by appropriate staff within the Division of Mental Health Services including but not limited to the following: a) stated goals and objectives of the group home; b) progress of residents that is specified in individual goal plans; c) evidence of availability of services to meet the needs of the resident population; d) evidence of appropriate alternatives and options within the system to meet varied needs of the resident; e) assurance that the residents, and when appropriate, family, advocate and/or friend, have the opportunity to choose from among the available alternatives and options; f) evidence of cooperative effort among agencies and service providers to achieve common goals with services evaluated cooperatively in relation to one another; g) documentation of efforts to facilitate maximum coordination among its funding sources with respect to licensing requirements, required reports and accountability requirements.

Standard 12. All state and local ordinances, codes, standards, and licensure requirements shall be reviewed with resulting compliance.

Factor 1: Residential homes with a maximum capacity of 5 shall be licensed as family care homes for adults.

Factor 2: Residential homes with a maximum capacity of 9 ambulatory residents shall be licensed as group homes for developmentally disabled adults and may be two-story. (Ambulatory may be defined as an individual who is able to attend to most of his physical needs and is able to move around without assistance with or without special prosthetic devices including wheelchairs.)

Factor 3: Each group home shall be inspected and approved annually by a member of the county health department.

Factor 4: Each group home shall be inspected and approved annually by a local fire authority or building inspector.

Standard 13. Persons admitted to the group home shall be at least 18 years of age or older, shall be in need of a supervised living environment within a community setting, shall take part in a variety of community activities and receive appropriate generic and special services.

Factor 1: Admission to the group home shall occur only when it is determined to be the optimal available plan or the most appropriate resource currently available.

Factor 2: One-half of the resident population shall be transferred from the regional mental retardation center and the mental retardation unit of the regional psychiatric hospital.

However, if there are not sufficient qualified residents for admission from these regional facilities, this number may be less.

Factor 3: An admissions committee shall be established. This committee shall develop intake procedures for residents which shall include: a) written criteria and procedures for admission (for example, sex and skill level) for those referred by the regional mental retardation facilities, community and other residential facilities; b) referral material for each prospective resident including medical, psychological, social, and other appropriate data deemed necessary to the ongoing development of the client; c) personal interview with the individual referred; and d) a process to orient the resident to the group home program.

Factor 4: Prior to placement, referred individuals and their families, advocate(s) and/or friends shall be given an opportunity to visit the group home and the program in which the individual will likely be involved prior to placement.

Factor 5: Should the referred individual be acceptable for admission, the final decision as to participating in the group home program shall be his. His family, relatives, advocate(s) or friend(s) shall have an opportunity for input in the decision process.

Standard 14. There shall be a written procedure and understanding with all parties involved whereby a resident may be referred to an alternate living situation or discharged.

Factor 1: Referral should be authorized when needs of the individual resident can no longer be met appropriately within the home.

Factor 2: Documentation shall be made as to the reason for referral or discharge.

Standard 15. There shall be a written agreement between each resident and the group home which shall state the responsibility of the group home and the responsibility of the resident.

Factor 1: The responsibility of the group home shall include: a) documentation of goals developed in conjunction with the resident. The group home shall make provisions with the county Department of Social Services and/or the community mental health center for the development, implementation and periodic review of individual goal plans; b) rate to be charged and method of payment; c) resident's right to privacy and leisure time within reasonable limits; d) information regarding resident responsibilities in relation to his living in the home which shall be conveyed in such a manner that the resident understands his responsibilities.

Factor 2: The responsibility of the resident shall include: a) accepting responsibilities in the group home commensurate with his interests, abilities, and goal plans to enhance feelings of self-respect and to develop skills of independent living; b) respecting the rights of all persons living in the home; c) respecting the property of other persons; d) agreeing to participate in the group home program; and e) sharing in daily chores.

Factor 3: The agreement shall be signed and dated by both parties.

Standard 16. Transportation services shall be available and residents shall be encouraged to use public transportation if available.

Standard 17. If a volunteer service program exists, provisions shall be made for volunteer orientation and training.

Standard 18. An advocate for the individual shall be established, i.e., a social worker, family member or friend.

Standard 19. The life style in the group home shall resemble the cultural norm for the residents' non-retarded age peers, unless a departure from this rhythm is justified on the basis of maximizing the residents' human qualities.

Standard 20. There shall be a clearly defined system for the resident to express any grievances or complaints.

Standard 21. Residents shall be appropriately engaged in competitive employment, a sheltered workshop program (evaluation, training or work activity) or in an adult developmental activity program.

Standard 22. Each individual shall have time and opportunity to be alone.

Standard 23. There shall be an education program for staff and residents which involves the principles of accident prevention and control of specific hazards.

Factor 1: Fire drill programs shall be conducted on a monthly basis or as a new resident is admitted.

Factor 2: Written evacuation plan shall be posted and reviewed.

Factor 3: Residents shall be trained in personal safety habits and safe working and living conditions.

Standard 24. Staff shall be certified in first aid training.

Standard 25. The group home program shall maximize the residents' independent living status.

Factor 1: Residents shall be provided the opportunity to move from more to less structured living; larger to smaller facilities; and larger living units to smaller living units.

Factor 2: Residents shall be provided the opportunity to move from group to individual residences; dependent to independent living; and segregated to integrated living.

Standard 26. Individual goals shall be developed with all residents.

Factor 1: These shall include short-term goals leading up to long-term goals. These shall: a) build on the strengths of the resident; b) be reviewed on a quarterly basis; c) be date specific and clearly written in positive terms; d) identify staff responsibilities to assure goal attainment; e) serve as a basis for monitoring and evaluating progress of individuals in the program.

Factor 2: Individual goals shall be developed in coordination with group home staff and each resident.*

Standard 27. A written individual goal plan record shall be maintained for each resident that is adequate for developing and continuously evaluating the individual program plan providing a means of communication among all persons contributing to the individual program plan; recording progress in achieving the objectives specified in the individual program plan; serving as a basis for review, study, and evaluation of the programs provided by the agency for its resident; and protecting the rights of the resident, agency and staff.

Standard 28. Residents shall have an opportunity to acquire personal skills that will make them more independent and self-sufficient.

Factor 1: Residents shall participate in ordinary daily chores that relate to family living.

Factor 2: Residents shall be counseled as needed and kept informed of their financial standing.

Factor 3: Residents shall be allowed to handle their own funds.

Factor 4: Residents' accounts of personal income shall be in compliance with acceptable accounting procedures.

Standard 29. Residents shall be instructed in the use of communication processes and shall be allowed free and unsupervised use of communication processes unless assistance is needed.

Factor 1: Residents shall have access to the telephone for incoming and local outgoing calls.

Factor 2: Residents shall have access to pay telephones, or the equivalent, for outgoing long distance calls.

Factor 3: Residents shall open their own mail and packages.

Factor 4: Residents shall not have their mail read by staff, unless requested by the resident.

* The model for preparing goals as described above is "Individual Goal Planning for Developmentally Disabled Persons" as endorsed by the Division of Mental Health Services.

Standard 30. There shall be a mechanism whereby residents shall have an opportunity to express their ideas and concerns which may be incorporated into the programs. Leadership roles by resident(s) shall be encouraged.

Standard 31. The residents shall have time for social development both individually and in groups.

Factor 1: Residents should be encouraged to develop their own social and recreation activities.

Factor 2: The group home should sponsor parties, dances, and other community social events. Activities such as ballgames, movies, and bowling should be available to the residents if they so desire. All activity programs, structured and unstructured, should be age appropriate and integrated with the general population.

Standard 32. Residents shall be trained and encouraged to exercise maximum independence in the selection, use and maintenance of their own clothing.

Factor 1: Residents shall select and purchase their own clothing as independently as possible.

Factor 2: Residents shall select their daily clothing and dress themselves appropriately according to the activities in which they plan to engage.

Factor 3: Residents shall launder, mend and iron their own clothing if possible.

Standard 33. Residents shall be trained to exercise maximum independence in health, hygiene, and grooming practices, including bathing, brushing teeth, shampooing, combing and brushing hair, shaving and caring for toenails and fingernails.

Standard 34. Residents shall be encouraged and assisted to use and maintain in good repair the use of dentures, eyeglasses, hearing aids, braces, etc., prescribed by appropriate specialists.

Standard 35. The facility shall have a written statement of policies and procedures concerning the rights of residents that assure the civil rights of all residents; are in accordance with the Declaration of General and Special Rights of the Mentally Retarded of the International League of Societies for the Mentally Handicapped; and describe the means of making legal counsel available to residents for the protection of their rights.

Standard 36. An annual physical and dental examination shall be required of all residents.

Standard 37. A plan shall be implemented for obtaining medical, dental and related services including emergencies.

Factor 1: Contact should be made with the county health department and other ancillary services as needed.

Factor 2: The availability of health insurance for residents should be investigated (the resident may be eligible for Medicaid services, for example).

Standard 38. The group home shall have a written policy regarding medication.

Factor 1: No medication shall be administered to a resident without a written order by a physician.

Factor 2: Prescription (controlled substance) medication shall be accompanied by a physician's statement on file in the resident(s) record.

Factor 3: No medication shall be left in residents' rooms except as authorized in writing by a physician. Residents should manage their own medication upon demonstration and documentation of skills necessary to do so safely or a written statement from the resident's physician.

Factor 4: The group home should have a systematic training program to help each resident become less reliant on drug administration by staff and more self-reliant regarding drug administration.

Factor 5: Medication shall be plainly labelled with the name, address, and registry number of the pharmacy; name of the physician; date of dispensing and name of dispensing pharmacist; resident's name; directions for use; and name of the medication.

Factor 6: Medication shall be stored in an orderly manner in a well-lighted cabinet under proper conditions of temperature, light, moisture and security.

Factor 7: When refrigeration is required, provisions shall be made for separating medication from food.

Factor 8: If a physician orders medication discontinued, it shall be stored in unused compartments separate from regular medication for a period up to 60 days after which it shall be destroyed.

Factor 9: When a resident leaves the home, his medication shall be given to him or his family or the person responsible for making the placement.

Factor 10: Medication for a resident who dies must be placed in a sealed bag for a reasonable period of time and then if no question of reason for death, is to be destroyed.

Factor 11: All external medication shall be stored separate from internal medication.

Factor 12: Disinfectants and cleaners shall not be stored in the medicine cabinet.

Factor 13: Programs designed to gradually reduct the tranquilizer intake of residents shall be under the supervision of a qualified physician. Care should be taken to distinguish tranquilizing drugs from medication used for other purposes, such as for seizure control.

Factor 14: Medications for all residents shall be re-evaluated and re-authorized every six months.

Factor 15: The home manager shall be responsible for assuring that the resident complies with the prescribed drug regimen.

POLICY REGARDING USE OF STATE APPROPRIATED GROUP HOME FUNDS FOR MENTALLY RETARDED ADULTS

Group homes may be operated by two types of agents: 1) governmental (area mental health program; and 2) private non-profit boards. Each of these two agents must meet certain criteria in order to be funded and must utilize appropriate funds in specific ways.

A. Governmentally operated group homes shall be operated by the area mental health program with funds provided through the regional mental health office. The funds shall be used as seed money to develop the group home, for operation of the home, and/or to support programs for the residents residing in the home. Funds provided for operation of the facilility may be expended for:

1. rent, lease, or monthly mortgage payment;

2. minor renovation and repair;

3. furniture, furnishings, and specialized equipment for the residents;

4. operational expenses, including the salaries of the group home manager(s), group home administrator, and other employees;

5. minor medical expenses;

6. cost of transportation to enable the residents to take part in other community programs;

7. clothing for the residents if no other financial source is available;

8. other expenses in order to make community services accessible to the residents; and

9. purchase and/or new construction by providing a percentage of down payment for purchase, or percentage of initial cash outlay for new construction. Use of said funds are governed in accordance with guidelines as set forth by Division of Mental Health Services (see Appendix J.2).

B. Group homes operated by private non-profit boards shall be supported by funds through the regional mental health office budget and channeled through the area mental health program which, in turn, will contract for services from the private non-profit board. The funds shall be used as seed money to develop the group home, for the operation of the group home, and/or to support programs for the residents in the home. Funds provided for operation of the facility may be expended for:

1. rent, lease, or monthly mortgage payment;

2. minor renovation and repairs;

3. furniture, furnishings, and specialized equipment for the residents;

4. operational expenses, including salaries of group home manager(s) and other employees until funds from the Social Security Administration (Supplemental Security Income) and the Division of Social Services (Special Assistance) are received by the residents;

5. subsidy for residents of the home who are not eligible for monthly payments from the Social Security Administration (SSI) and the Division of Social Services (SA) at a rate comparable to that paid to residents by the Social Security Administration and the Division of Social Services;

6. supplementary grants to the non-profit board if necessary to maintain a quality program;

7. cost of transportation to enable the residents to take part in other community programs;

8. other expenses in order to make community services accessible to the residents; and

9. purchase and/or new construction, by providing a percentage of down payment for purchase, or percentage of initial cash outlay for new construction. Use of said funds are governed in accordance with guidelines as set forth by Division of Mental Health Services (see Appendix J.2).

C. The area mental health program shall be the only agency eligible to apply for group home grants funded by the Division of Mental Health Services.

1. A written needs assessment shall be submitted by the area mental health program with the application for group home grant.

2. The area mental health program's "Application for Group Home Grant" shall reflect:

   a. appropriate community-based programs such as adult developmental activity program, work activity, sheltered workshop, etc., with supporting letters stating residents of the home will be accepted;

   b. availability of transportation;

   c. involvement by public and private agencies, interested citizens groups and individuals in planning, with supporting letters;

   d. availability of medical, dental, and legal services;

   e. availability of local financial support of operation, including future anticipated income;

   f. availability of physical structure that meets licensure standards as determined by the State Division of Facilities Services (DFS); and

   g. commitment of the area mental health program to provide support staff and to serve residents.

D. Area mental health program receiving funds from the Division of Mental Health Services to develop a group home shall accept authority and responsibility for implementation of the program.

   1. Designation of one staff member to serve as area mental health group home coordinator.

   2. The following responsibilities shall be assured:

      a. monitoring the activities of the residents;

      b. assuring that funds are being utilized to provide an optimal program for the residents;

      c. providing 24-hour service coverage (emergency) to the group home; and

      d. providing in-service training for group home staff.

SECTION 1: AREA MENTAL HEALTH PROGRAM

Contents

1.1 Area Mental Health Program Group Home Coordinator Designated
1.2 Needs Assessment
1.3 Contact County Department of Social Services
1.4 Application Sent to Regional Mental Health Office
1.5 Management of Group Homes
1.6 Plans Presented to Area Mental Health Board
1.7 Family Contact
1.8 Eligibility for Services and Financial Assistance for Community Residents
1.9 Transition of Community Residents into Group Homes
1.10 In-Service Training
1.11 Other Duties and Responsibilities of Area Mental Health Program

1.1 AREA MENTAL HEALTH PROGRAM GROUP HOME COORDINATOR DESIGNATED

The Area Mental Health Director shall designate one staff member as Area Mental Health Group Home Coordinator. (See Appendix A. Function of Area Mental Health Group Home Coordinator.) Area Mental Health Programs should initiate the formation of a local mental retardation advisory board.

1.2 NEEDS ASSESSMENT

To determine the needs of Community Living Programs in the area, a needs assessment shall be conducted. While the actual task of conducting the needs assessment is not strictly the responsibility of the area mental health program, their role should be a very active one. A local needs assessment should include a survey to identify the persons in need of alternate living programs. Contacts should be made with the local Interagency Council, the regional facilities, the local department of social services, vocational rehabilitation and other appropriate public and private agencies or groups.

Some considerations should be:

1. Who needs Community Living Programs?
2. What types of Community Living Programs are needed?

3. Establish priorities.

4. Explore funding resources.

5. Identify supportive community resources.

Other areas of consideration can be identified from the grant application. (See Section 1.4 and Appendix B.1.)

1.3 CONTACT COUNTY DEPARTMENT OF SOCIAL SERVICES

The Area Mental Health Director or his designee should make the initial contact with the Director of the local Department of Social Services to discuss interest in and the possible development of plans for a Community Living Program for developmentally disabled adults.

Follow-up contacts should be made by the area mental health group home coordinator with the specialist on aging. The coordinator should request assistance in meeting the necessary requirements in licensing and developing group homes.

To assure the success of developing and operating a Group Home, there must be continual cooperation and communication between Mental Health and Department of Social Services. (See Section 5.)

1.4 APPLICATION SENT TO REGIONAL MENTAL HEALTH OFFICE

The Area Mental Health Group Home Coordinator, with the Area Mental Health Director, completes the application for the Group Home. (See Appendix B.1 Application for Group Home Grant.)

The Area Mental Health Program's application for the Group Home Grant shall include the following information:

1. Appropriate community-based programs such as Adult Developmental Activity Program, Sheltered Workshop, etc., with supporting letters from the programs stating they will accept the Group Home residents into their programs. If there is no program available, or if the existing program cannot meet the needs of the residents, plans need to be made at the time of application for appropriate programs to become available to the residents prior to the opening of the home.

2. Availability of transportation.

3. Involvement by public and private agencies, interested citizens groups and individuals in planning the Group Home, with supporting letters from the various agencies, organizations, and individuals. (See Appendix Q. Community Relations.)

4. Availability of local financial support, including future anticipated income.

5. Availability of medical, dental, and legal services.

6. Availability of physical structure that meets licensure standards, preferably with a minimum amount of renovations.

7. Commitment of the Area Mental Health Program to provide supportive services to serve the Group Home residents and staff.

8. Describe Community Information/Education efforts.

After the plan has been approved by the Area Mental Health Board, the application for funding is submitted to the Regional Mental Health Office.

1.5 MANAGEMENT OF GROUP HOMES

Group Homes may be operated by either a private Non-Profit Board or by the Area Mental Health Program. Whenever possible, the private Non-Profit Board should be the type of management used. There are many positive reasons for having community living managed by a private Non-Profit Board--some of which are: more community involvement and ownership; increased local citizenry understanding of needs for various group homes; increased advocacy for the residents of group homes. Also, there are funding advantages available to private Non-Profit Board operated group homes which are not available if operated by an Area Mental Health Program, e.g., Supplemental Security Income and Special Assistance. Other funding sources include: Farmers Home Administration (See Appendix H.1), and Housing and Community Development Act (See Appendix H.2).

A. Private Non-Profit Board Management (see Section 2)

The Area Mental Health Director and the designated Area Mental Health Group Home Coordinator should compile a list of possible board members (see Group Homes for Mentally Retarded Adults - Minimum Standards). Also, suggestions for possible board members should be requested from the community mental retardation advisory board, i.e., local Association for Retarded Citizens or the appointed local Mental Retardation Advisory Board.

After compiling the list of possible board members, the Area Mental Health Program should:

1. Contact potential board members either by phone or in person.

   a. describe the proposed group home plans

   b. interpret the group home philosophy

   c. describe the duties of the Non-Profit Board

   d. request them to serve on the board

2. Make the arrangements for the organization meeting of the Non-Profit Board, notifying all members and ex-officio members.

3. The initial Non-Profit Board meeting should be chaired by the Area Mental Health program. At this meeting the following events should occur:

   a. election of officers

   b. appoint a committee to develop By-laws and Articles of Incorporation (See Appendix C). The forms needed for incorporation can be submitted to:

      Secretary of State
      Room 101
      Administration Building
      Raleigh, North Carolina 27611

   c. develop a plan of action, i.e., make committee assignments

B. Area Mental Health Program Management

When an Area Mental Health Program operates a Group Home, the procedures which are followed by a private Non-Profit Board must be assumed by the Area Mental Health Program. Refer to Section 2.2 through 2.11 of this manual where these procedures are described.

1.6 PLANS PRESENTED TO AREA MENTAL HEALTH BOARD

The Area Mental Health Director should first present the plan to the community mental retardation advisory board (i.e., Association for Retarded Citizens, Mental Retardation Advisory Board appointed by county commissioners) for its recommendations and approval before presenting the plan to the Area Mental Health Board for final approval.

The plan should explain the philosophy for group homes in addition to pertinent information from the grant application (See Appendix B.1). Suggested grant information to include is:

1. Documentation of need.

2. Explanation of funding - initial and future.

3. Documentation of community agencies' involvement and support to the Group Home residents and staff.

4. Commitment of the Area Mental Health Program to provide supportive services to the residents and staff.

1.7 FAMILY CONTACT

If applicable, the Area Mental Health Group Home Coordinator should contact the family as soon as tentative selection of the community residents only has been completed. The impact on family in regard to their son/daughter's placement in a Group Home should be assessed. The desirability for family participation such as visits home for holidays, vacations, occasional weekends, etc., should be discussed, as well as the philosophy of group homes, and the reasons for selecting their son/daughter as a possible resident. The prospective resident and the family, if applicable, should be involved in the final decision regarding placement.

As soon as the final selection of residents has been completed, all prospective residents and families, if applicable, should be contacted. If not selected, the individual and his family should be advised of the waiting list as well as other services that would be available to them.

1.8 ELIGIBILITY FOR SERVICES AND FINANCIAL ASSISTANCE FOR COMMUNITY RESIDENTS

The Area Mental Health Group Home Coordinator is responsible for contacting the local Department of Social Services and Social Security District Office regarding prospective candidates for Group Home placement. Set up appointments at the Department of Social Services and the Social Security District Office for each prospective resident for making application for SA (Special Assistance), Medicaid, and SSI (Supplemental Security Income). If necessary, accompany the prospective resident and his family to these appointments.

Before setting up these two appointments, the Area Mental Health Group Home Coordinator should assist the prospective resident and his family in assembling the necessary documents and information. Documents and information required are as follows:

1. Social Security number. If the prospective resident does not have a Social Security number, an application can be obtained from a local post office.

2. Verification of birthdate. If the prospective resident was at one time in a State Institution, his birth certificate may be obtained from the Medical Records Department at the Institution. If not, a copy of the birth certificate may be obtained from the Register of Deeds in the county of birth.

3. Verification of disability. The necessary form to be completed by a physician may be obtained from the Department of Social Services or the Social Security District Office.

4. Medical report. The medical examination must have been made within the last year and medication, if applicable, must be noted.

5. Financial information. Unless the prospective resident has been declared incompetent and has an appointed guardian, the financial information is limited to his income and assets.

6. Payee designated. This will be the prospective resident unless otherwise required by law, i.e., declaration of incompetency.

1.9 TRANSITION OF COMMUNITY RESIDENTS INTO GROUP HOME

The transition from the community to the Group Home is extremely critical in the overall adjustment of the resident(s) to a new living environment, and it should be accomplished as smoothly as possible.

Some suggested ways to help make this transition are:

1. Encourage natural parent(s) or legal guardian(s) to participate in as many phases of the transition as possible.

2. Arrange for resident(s) to visit and tour the home, meet other residents and the Group Home manager(s).

3. Explain and discuss Group Home daily routine, personal goals, leisure activities, etc., with the resident(s).

4. Have lunch or supper at the Group Home with the resident(s) and Group Home manager(s).

5. **Encourage residents to select his/her bedroom.**

6. If necessary, arrange or assist in shopping trips with the residents to buy needed personal items for the residents.

7. Arrange a tour for the residents of the neighborhood and community facilities.

8. Arrange specific date and hour for making actual move of resident(s) with personal belongings into the Group Home.

9. Arrange for each resident to bring a supply of medication and prescription(s) for refill. If applicable, arrange for physician's statement authorizing resident to take own medication.

10. Resident(s) shall sign an agreement between the resident and the Group Home (See Appendix D.3). This agreement helps to assure the resident's understanding and responsibility as it relates to the Group Home program. It also helps to assure that the Group Home carries out its responsibilities to the resident(s).

1.10 IN-SERVICE TRAINING

Each Area Mental Health Program shall develop an orientation for new board members and home managers as well as on-going in-service training. Suggested sources for in-service training are: Regional Facilities; DDTI (Developmental Disabilities Training Institute) in Chapel Hill; Red Cross for First Aid Training; Homemaker Services from local agencies such as Department of Social Services, Agriculture Extension, and Health Departments. In area programs where there are two or more group homes, arrange for periodic meetings of the Group Home Managers for exchange of ideas, etc.

Suggested topics for in-service training: normalization; sexuality; human rights; behavior management; group dynamics; leisure time activities; individual goal planning; socialization; personal hygiene; recognition of behavior problems. (See Appendix E. Group Home Training.)

1.11 OTHER DUTIES AND RESPONSIBILITIES OF THE AREA MENTAL HEALTH PROGRAM

The Area Mental Health Program shall monitor and assist the Non-Profit Board as needed. Some specific areas of responsibilities are:

1. Establish and maintain a good rapport with the Group Home managers through frequent consultations and on-site visits.

2. Assist with development of goal planning and with progress reports on residents.

3. Submit quarterly financial reports to regional mental health office.

4. Arrange for visitors other than family and relatives to the Group Home.

5. Arrange for continued funding, including application for Group Homes renewal grant.

6. Establish and maintain a good working relation especially with local Department of Social Services and other community agencies who share in the responsibilities of a quality Group Home program.

7. Arrange for on-going in-service training program activities for the board and Group Homes managers. (See Section 1.10.)

SECTION 2: NON-PROFIT BOARD

Contents

2.1 Duties of the Board
2.2 Criteria for Resident Selection
2.3 Composition and Duties of Selection Committee
2.4 Group Home Location
2.5 Begin Licensure Procedure
2.6 Lease Group Home
2.7 Pre-Renovation Preparation
2.8 Renovations
2.9 Personnel Selection
2.10 Equipment Purchased
2.11 Transition of Residents
2.12 Other Duties and Responsibilities of the Board

ALL BOARD MEMBERS AND PROSPECTIVE BOARD MEMBERS SHOULD BE FURNISHED A COPY OF SECTION 2: NON-PROFIT BOARD AND APPENDIX S. DYNAMICS AND FUNCTIONS OF A BOARD OF DIRECTORS.

The local board responsible for the organization and development of group homes should maintain a membership of not less than nine (9) nor more than fifteen (15) members. The membership should be comprised of representatives from the area mental health program, regional facility serving the mentally retarded, local Department of Social Services, local Association for Retarded Citizens, and representation from other relevant agencies. Interested consumer groups and citizens such as realtors, bankers, businessmen, members of the clergy, public instruction staff and local government should also be included.

The functions of the local board shall include activities in the areas of development of agreements, criteria for resident selection, group home location and pre-licensure activities, renovations, facility personnel selection, equipment purchase, transition of residents, and responsibility to the Department of Human Resources for maintaining applicable standards.

2.1 DUTIES OF THE BOARD

Development of Agreements

The board and the Area Mental Health Program shall develop a contractual agreement for third party services in order to assure proper funding and services. (See Appendix I.2 for sample contract between Area Mental Health Program and Non-Profit Board.)

During organization it is necessary for the board to obtain Publication #557 which describes information for non-profit income tax status and a Federal Identification Number which is required before setting up a bank account. This publication may be obtained from:

District Director
Internal Revenue Service
320 Federal Place
Greensboro, North Carolina 27420
Telephone: 1-800-822-8800 (Toll Free)

Non-profit boards are exempt from withholding Social Security Tax. If you wish to withhold and pay Social Security on your employees, you should obtain Form SS-15 from the District Director, Internal Revenue Service.

In addition, the board will be contacted by the North Carolina Department of Revenue requesting necessary information to determine tax status. For further information contact:

N. C. Department of Revenue
Corporate Tax Division
Raleigh, North Carolina 27640

The board should obtain Fidelity Bond on appropriate officers and employees of the Non-Profit Corporation.

2.2 CRITERIA FOR RESIDENT SELECTION

The board will select criteria for resident selection in conjunction with the Area Mental Health Program, and with the assistance of the regional facility, depending upon the type of living facility the board chooses to develop. Selection criteria should include, but not be limited to: minimum and maximum age, sex, degree of mobility, level of self-help skills, description of acceptable behavior, and the ability to participate in work and leisure-time programs.

Actual resident selection will be the responsibility of the local Interagency Council (if one exists) in cooperation with the resident selection committee of the board, which should include the home managers. (See Appendix D.)

2.3 COMPOSITION AND DUTIES OF SELECTION COMMITTEE

The Selection Committee, which should include representatives from Area Mental Health Program, County Department of Social Services, Vocational Rehabilitation, County Health Department, Adult Developmental Activity Program and/or Sheltered Workshop, other community service programs, and Regional Facilities serving the Mentally Retarded, will be appointed by the Non-Profit Board.

The duties of this committee are as follows:

1. Develop Admissions Policy (See Appendix D) to be approved by board.

2. Develop an application form (See sample Application for Admission Form in Appendix D.2).

3. Obtain referral information on each applicant, including medical, psychological, social, and other appropriate data deemed necessary for his on-going development.

4. Conduct personal interview and discuss Group Home program with each applicant.

   If selected, make sure each applicant is involved in preparation for placement.

5. Identify and select residents.

2.4 GROUP HOME LOCATION

The board should establish a community survey committee to locate an appropriate living facility. This committee should be knowledgeable of state and local standards required for the licensure of Group Home facilities. (See Section 5.3.)

The process of determining the facility location will include:

a. Assessing local zoning requirements (personally check zoning map).

b. Determining the accessability to shopping, banking, recreational and other community services.

c. Discussions with local realtors concerning size of house preferred and physical structure, location desired consistent with zoning requirements and community accessability, price range, and length of lease and/or purchase option.

NOTE:

Scaled drawings of all floors, photographs, and description of construction of proposed living facility should be channeled to the Division of Facility Services through the local Department of Social Services before lease or purchase is signed. (See Section 2.4.) In case of questions, contact Facility Services directly (919-733-7461), 1330 St. Mary's Street, Raleigh, North Carolina. Proposed renovations should be discussed at this point with home owner. An option for lease or purchase may be arranged at this time, contingent upon licensure.

Once facility location is determined, discuss the philosophy and operation with home owners and neighbors, where applicable.

(Appendix Q contains information about working with the community and public information material that may be useful either at this point or prior to facility location.)

The following community agencies should inspect the facility before the lease or purchase agreement is signed:

County Department of Social Services
County Department of Public Health (Sanitation)
City or County Building Inspector
City or County Fire Authority

2.6 BEGIN LICENSURE PROCEDURE

All information is submitted through the County Department of Social Services to the Division of Facility Services, P. O. Box 12200, Raleigh, North Carolina 27605.

Submit scaled drawings of all floors (including any proposed structure changes) to include the following information:

a. Interior dimensions of all rooms.

b. Label all rooms for proposed use.

c. Closet, window and door sizes and locations.

d. Location and type of heating system (forced air, hot water, electric radiant, baseboard).

e. Use of basement and attic.

f. Type of construction - exterior walls (masonry, brick veneer, frame).

g. Type of Construction - interior walls and ceilings (plaster, gypsum board, panelling, etc.).

h. Anticipated capacity, including a statement as to type of home (Family Care 2-5; Group Home 2-9; Home for Aged and Infirm 6 or more).

It is also very helpful if interior and exterior snapshots of the home are submitted with the floor plan. Interior snapshots are to reflect type of construction and materials used.

After reviewing the information, Division of Facility Services will indicate modifications which will be necessary for licensure. If the modifications are feasible, it would be appropriate at this time to secure the facility through lease or purchase.

2.6 GROUP HOME LEASE (See Appendix J.3)

A long-term lease of at least three (3) years is recommended, with an option to purchase, if possible. Included in the lease agreement should be the assignment of responsibility for repairs, including furnace, roof, plumbing, wiring, painting, etc. The lease agreement should also include the assignment of responsibility for home insurance, including real and personal property, liability, furnishings, a betterment clause for improvements the lessee has put in the house, and a clause to cover the residents personal property ($500-$1000 per resident). Another clause that should be included in the lease to the effect that all items such as fire doors, smoke detectors, fire escapes, and other equipment required for licensure, may be removed from the house by the lessee at the termination of the lease. A statement should also be included to the effect that the owner must agree to all renovations, and the lease should be signed before the renovations begin.

2.7 PRE-RENOVATION PREPARATION

When the lease is signed, get a complete set of keys to the house from the owner. Determine the number of keys needed and have duplicate sets made. (Note: Each contractor will require one.) Be sure to keep a list of the persons to whom the keys are given; date given; and date returned.

Arrangements should be made for electricity, water, and natural gas or oil service, and the billing procedure should be determined.

Telephone installation should be arranged for at this time, choosing colors and locations for telephones. (Probably the telephone will be installed prior to the home manager being hired; if this is the case, it may be necessary to have a business telephone. When the home manager is hired, change to a residential telephone, listing the names of the home manager, and it is recommended that residents' names be included if they so choose.)

At this point, determine the approximate amount for renovations by requesting bids from three (3) local building contractors for each renovation. List the renovations by priority, with top priority for those required for the licensure of the home. Be sure that bids include the specific work to be done, and a completion date. (For example, be sure to include a dryer vent and stove hood.) Select a contractor for each renovation and develop an agreement or contract in writing that includes the cost and completion date. Be sure the contractor signs the agreement. At this point, procure building permits (from city or county). Special emphasis should be placed on the development of a normalized living environment. Heavy-duty or institutional equipment is not required nor desired.

In older houses, once even simple renovations are begun, this often leads to more extensive renovations. For example, installing a dishwasher may require additional plumbing and wiring, etc. Be prepared to have renovations cost more than originally estimated.

2.8 RENOVATIONS

The building and grounds committee should have the responsibility to make inspections regarding the progress and problems of the renovations. This committee should keep the building inspectors advised of the current status of the renovations and arrange for the final inspections. Be sure to keep the County Department of Social Services advised of the renovation progress and problems. At the time of the final inspection, send reports to the local Department of Social Services, and a copy each for the group home and the Area Mental Health Group Home Coordinator. Write a fire evacuation plan, which is approved by the local fire marshal, and post the plan prior to the final inspection.

2.9 PERSONNEL SELECTION

Determination should be made of the qualifications of the home manager. (See Appendix K.1 for job responsibilities.) The manager should have the ability to work with, and understand mentally retarded persons, the ability to function independently without daily supervision, and the ability to handle emergencies. Other qualifications should include a flexible, calm individual who does not become easily upset; someone who is warm, compassionate and understanding, as well as firm and consistent. Check references. Qualifications for a substitute home manager are the same.

Each home staff member should be furnished with a job description. A personnel file should be maintained on each home staff member by the Personnel Committee. This file should include the job application, personal references, health report, a signed W-4 form, etc.

As soon as an applicant applies for a position, the proper D.S.S. forms should be submitted to Department of Social Services for processing and clearance. Each staff member should be provided with a copy of the manual of Personnel Policies and Procedures to include: conditions of employment, salary classification, job description, fringe benefits, promotional opportunities, sick and vacation leave, off-duty leave, Workmen's Compensation, a personal grievances system, and severance procedure. Time records should be maintained as required by State and Federal Department of Labor.

Experience has shown that the most effective house managers have a developmental attitude toward the residents in the home. They see each one as an individual capable of growth, dignity, and responsibility, and they will readily utilize those tools and techniques which have been found to be helpful in planning with each of the residents.

2.10 EQUIPMENT PURCHASE (See Appendix L)

The Property Committee should assess and list the equipment needs of the facility. A suggested equipment list is found in Appendix L. Purchase should be made locally when feasible to foster good public relations, and sound purchasing procedures should be followed. Obtain three (3) bids on large items. Shop around. Avoid purchasing institutional type equipment. Don't purchase identical furnishings for each bedroom. The purchase of items to personalize or decorate bedrooms, living areas, etc., should be made with input from the residents.

Keep an inventory of all equipment purchased or donated, and maintain a record of all serial numbers and identify non-serial numbered equipment appropriately.

As far as purchasing a vehicle is concerned, station wagons have been found to be adequate transportation, more economical to service and are more normalizing.

2.11 TRANSITION OF RESIDENTS

After potential residents are identified by the Interagency Council and Resident Selection Committee, they should have the opportunity to visit the Group Home facility and interact with current residents and house managers. This visit should include lunch at the house, a tour of the facility and neighborhood. The potential resident should make the final decision concerning his or her living in the home.

When arrangements are made for movement into the residence, set the date and hour. (It is advisable for two or three residents to move in at the same time, initially.) Upon final selection, residents should make a minimum of one visit (preferably more) to the Group Home. When possible, the resident should be involved in helping to furnish and decorate the home. The home manager shall meet with the residents on their first visit to the home and make arrangements for the residents to meet each other. (See Appendix E for Group Home Training Suggestions.)

It is recommended that the residents visit the programs (including sheltered workshop or adult developmental activity program) in which they will be involved in the community and meet the director, other staff, and clients involved in the programs. When possible, the resident should participate in the activity program prior to moving into the Group Home.

It is recommended that the residents visit community resources, such as shopping centers, post offices, drug stores, and recreation facilities before moving.

When residents are admitted to the home, provision shall be made for clothing and personal effects; medication and prescriptions; physician's authorization to keep own medication, if applicable; Social Services Form FL-2 and emergency information; personal account funds and individual program plans for each resident.

2.12 OTHER DUTIES AND RESPONSIBILITIES OF THE BOARD

Board meetings should be held at least quarterly, with minutes recorded and copies sent to the Area Mental Health Program.

The following responsibilities are suggested for the board:

a. Approve hiring of home managers and relief.

b. Develop admission policies for residents.

c. Review progress of each resident quarterly.

d. Approve budget and budget revisions.

e. Submit quarterly financial report to the Area Mental Health Program.

f. Develop policies regarding public information.

g. Develop policies regarding residents' suggestions and complaints.

h. Maintain up-to-date equipment inventory with appropriate identification.

i. Monitor the status of all contracts and agreements, including the lease expiration date.

SECTION 3: REGIONAL MENTAL HEALTH OFFICE

Contents

3.1 Funding (Legislature)
3.2 Planning Begins
3.3 Plan Reviewed by Regional Management Team
3.4 Regional Mental Health Office Selects Grantees
3.5 Agreement with Area Mental Health Program
3.6 Consultation
3.7 Other Duties and Responsibilities of Regional Mental Health Office

3.1 FUNDING (LEGISLATURE)

The Regional Mental Health Office shall prepare a budget request for Group Homes based on regional assessment to be shared with the State Division of Mental Health Services for a total statewide Group Home budget request.

3.2 PLANNING BEGINS

The Regional Director shall designate a member of the staff to serve as the Regional Mental Health Group Home Coordinator. The Regional Mental Health Offices shall develop a procedure for processing applications for Group Home grants, which will include information relative to eligible applicants, third party contractees, input from Regional Management Team, and general information about available funds.

3.3 PLAN REVIEWED BY THE REGIONAL MANAGEMENT TEAM

A procedure shall be developed by Regional Mental Health Office for the solicitation, review and awarding of Group Home grants to the Area Mental Health Programs. The Regional Mental Health Office should review this procedure with the Regional Management Team.

3.4 REGIONAL MENTAL HEALTH OFFICE SELECTS GRANTEES

The applications for Group Homes are reviewed by the Regional Mental Health Office and the awarding of grants are based upon established criteria for selection of grantee(s). The Regional Mental Health Office shall notify grantee(s) of grant approval which includes amount of funds awarded, date funds will be available and other general stipulations that may be outlined in the approved grant.

3.5 AGREEMENT WITH AREA MENTAL HEALTH PROGRAM

An agreement shall be developed between the Area Mental Health Program grantee and the Regional Mental Health Office. (See Appendix I.1. Sample Agreement between Area Mental Health Program and Regional Mental Health Office for Group Home Grant.)

3.6 CONSULTATION

The Regional Mental Health Office has the following responsibilities:

Acquire and disseminate pertinent knowledge and information relating to Group Homes.

Provide leadership and technical assistance including implementation of program, availability of funds, in-service training, etc.

Interpret, implement, and monitor policies, procedures, standards, and guidelines as set forth by the Division of Mental Health Services and other appropriate agencies.

Assure that appropriate services are available to the Group Home.

Provide information regarding funding resources to Area Mental Health Program.

Assist in the development of appropriate programs for residents of Group Homes.

3.7 OTHER DUTIES AND RESPONSIBILITIES OF REGIONAL MENTAL HEALTH OFFICE

The Regional Mental Health Office shall provide follow-along to assure quality control through monitoring, including the following:

Receive and review monthly and quarterly financial reports. (See Appendix F. Quarterly Financial Report.)

Conduct annual evaluations of Group Homes and provide needed assistance where indicated. (See Appendix P. Evaluations.)

Provide renewal grant information, including application form, financial information, etc. (See Appendix B-2. Application for Group Home Renewal Grant.)

Review and approve application for renewal grants.

SECTION: REGIONAL FACILITIES SERVING THE MENTALLY RETARDED
(Includes both Regional Psychiatric Hospitals and Mental Retardation Facilities)

Contents

4.1 Consultation
4.2 Resident Selection
4.3 Family Contact
4.4 Eligibility for Services and Financial Assistance
4.5 Transition of Residents
4.6 In-Service Training
4.7 Other Duties and Responsibilities of Regional Facilities

4.1 CONSULTATION

Each Director of a regional facility shall designate a staff member as liaison for Group Homes. The following are among the duties to be performed by the liaison person:

Assist the Regional Mental Retardation Specialist in development and operation of Group Homes as needed. This may include needs assessment of potential residents for community placement, location of appropriate living arrangements, budget preparation, review of resident progress reports, and arrangements for other facility staff consultation as needed.

Assist in obtaining appropriate services through local and regional agencies including orientation and staff training, organizational assistance, planning for appropriate activity programs, appraisal of physical structure and appropriateness of physical location.

Review the selection criteria and coordinate resident selection from the regional facilities.

Assist the Area Mental Health Group Home Coordinator and the Regional Mental Health Office in providing appropriate programs to meet the individual needs of the residents.

4.2 RESIDENT SELECTION

The interdisciplinary team responsible for discharge planning in the regional facilities shall review all potential candidates for community placement. Potential candidates are recommended based on criteria of the local entity responsible for Group Homes. Written summaries on residents recommended for placement will be submitted to the selection committee and interagency council (if there is one).

Residents shall be involved in discussions regarding placement in the community. These discussions will include, but are not limited to, a description of the recommended Group Home and the resident's involvement in the decision regarding placement. The resident should be cautioned that the actual placement is contingent upon a final decision by the selection committee. (See 4.5: Residents should visit home, etc., prior to selection. This should aid the individual in making a decision, and also the selection committee in their decision.)

The selection committee will meet with regional facilities staff and the residents recommended for placement and discuss the residents suitability for Group Home placement. The selection committee of the local entity makes the final recommendation for resident selection. If selected, the resident makes the final choice as to whether to participate in the program.

4.3 FAMILY CONTACT

The social worker of the regional facility shall write to families requesting a personal interview to discuss Group Home placement. A copy of this letter is sent to the Area Mental Health Program and the Department of Social Services in the original county of residence. In the initial discharge planning conference with the family, the social worker will discuss the philosophy and location of the **Group Home, available community activity programs, and desired family participation.**

After discussions are held with the family, the social worker will contact by telephone the county Department of Social Services in the county of residence, and inform them of referral for placement. An official letter of referral shall be written by the social worker to the Department of Social Services in the county of residence with a copy to the Area Mental Health **Program. This letter shall** confirm items discussed by telephone and shall include the following:

a. appropriate Department of Social Services forms and referral information

b. social history

c. interdisciplinary team summaries

d. other pertinent information

Upon completion of placement plans, the social worker shall summarize, by letter to the family, all items discussed in the discharge planning conference with the family including the projected date of placement. A copy of this letter will be sent to the Department of Social Services and the Area Mental Health Program.

4.4 ELIGIBILITY FOR SERVICES AND FINANCIAL ASSISTANCE

The social worker will review the procedures for making application for services and financial assistance with the local Department of Social Services (SA) and Social Security District Office (SSI). The procedure preferred by the local Department of Social Services and Social Security District Office shall be followed.

The social worker and Department of Social Services shall ensure that medical services will be provided through Medicaid, Medicare, or by other means.

4.5 TRANSITION OF RESIDENTS

Upon final selection, residents should make a minimum of one visit (preferably more) to the Group Home. When appropriate, the resident should be involved in helping to furnish and decorate the home. The group home manager shall meet with residents on their first visit to the home and make arrangements for the residents to meet each other. (See Appendix E. Group Home Training.)

It is recommended that the residents visit the programs (including sheltered workshop and/or adult development activity program) in which they will be involved in the community and meet the director, other staff, and clients involved in the programs. When possible, the resident should participate in the activity program prior to moving into the Group Home.

It is recommended that the residents visit community resources, such as shopping centers, post office, drug stores and recreation facilities before moving.

When residents are transferred to the community, the liaison person from the regional facility shall make provisions for clothing and personal effects; medication and prescription(s); physician's written authorization to keep own medication, if applicable; Social Services Form FL-2 and emergency information; personal account funds; and individual program plans for each resident.

4.6 IN-SERVICE TRAINING

The liaison persons from the regional facility should arrange orientation for staff and board (both advisory and non-profit) of the Group Home, including a tour of the regional facilities and programs, on the job experience and training, and meeting the residents in their individual living areas of the facility. In-service training should include an overview of mental retardation, epilepsy, cerebral palsy and other developmental disabilities; methods of meeting the needs of the developmentally disabled, human rights, advocacy, group living, home government, and human sexuality. Other subjects to be included in the training should be behavior management, emotional and social development, principles of learning, the principles of normalization and deinstitutionalization. (See Appendix E. Group Home Training.)

4.7 OTHER DUTIES AND RESPONSIBILITIES OF REGIONAL FACILITIES

The liaison persons from the regional facilities should maintain communication with the Area Mental Health Group Home Coordinator and provide other consultation from the regional facilities' staff as necessary.

The liaison persons from the regional facilities should arrange for residents return to the facilities for periods of evaluation or adjustment as necessary.

The liaison person will be available to assist in evaluation of residents and/or programming in community living facilities. (See Appendix P.1. Suggested Group Home Evaluation Guide, and Appendix P.2 Suggested Resident Interview Guide.)

SECTION 5: DEPARTMENT OF SOCIAL SERVICES (COUNTY)

Contents

5.1 Director, Department of Social Services
5.2 Consultation
5.3 Licensure Procedure
5.4 Eligibility for Services and Financial Assistance
5.5 Final Inspection
5.6 Other Duties and Responsibilities of the County Department of Social Services

5.1 DIRECTOR, DEPARTMENT OF SOCIAL SERVICES

The initial contact with the Social Services Director should be to establish a working relationship with the agency. The local Department of Social Services will serve as an advisor and supervising agency.

The Area Mental Health Director and/or the Area Mental Health Group Home Coordinator should discuss the purpose of the home, local individuals or groups involved, financial support, types of facilities (standards), description of population to be served, etc.

Review this manual.

Implement a plan of action. A definite plan of action or plan for services should be established for the facility and its residents.

5.2 CONSULTATION

The Department of Social Services shall provide a copy of appropriate standards. (See Appendix O. Licensure Standards.)

The Specialist on Aging and Area Mental Health Group Home Coordinator shall discuss the following in reference to the applicant and proposed home:

Philosophy of group home program for adults is to offer a sheltered living arrangement for the developmentally disabled adults who require some special services along with room and board; to offer a minimum of supervision and to enable the adults to live in a family style situation. Hopefully, each individual will profit from "group life."

DEPARTMENT OF SOCIAL SERVICES
(COUNTY)

Statutory responsibility of the State Division of Social Services for group home facilities for adults (G. S. 1430-153 and 108-77).

Protection provided to Group Home through licensure; by helping a home maintain standards and regulations, the home can offer better services to its residents. This minimum standard also guarantees a minimum level below which no facility shall fall and still remain in operation.

Resources available to Group Home through counseling, evaluation, referrals, supervision and workshops offered by State Division of Social Services, county Departments of Social Services, and Area Mental Health Programs. Through contact with the staff of various agencies and departments, a variety of services can be offered to the staff and residents.

Civil Rights Act of 1964 and how it affects county Department of Social Services and licensed home for adults. No home shall refuse a resident on the basis of his or her race. All homes must sign a civil rights compliance or agreement during the licensing procedure, if they are to receive federal, state or county funds.

Community and state resources available to assist in providing better services to adults living in licensed Group Homes.

5.0 LICENSURE PROCEDURE

The local Department of Social Services shall assist in completing necessary forms (applications for licensure, fire, building, sanitation, and medical for home manager). The specialist on aging at the county level can be a valuable resource. The social worker should know the proper procedure and respond in a helpful, friendly manner.

The Specialist on Aging will conduct preliminary inspection of proposed Group Home to determine if location, space, room arrangements and other building standards are met, or can be met with remodeling. Assistance from **Division of Facility Services will be requested as needed.** The specialist can assist with the preliminary inspection or request assistance from the facility services division for guidelines and suggestions or clarifications.

The local Department of Social Services shall forward appropriate materials to State Division of Facility Services, Box 12200, Raleigh, North Carolina 27605. The county Department of Social Services recommends licensing based upon compliance with minimum standards. An annual re-evaluation is required in order to continue as a licensed facility.

5.4 ELIGIBILITY FOR SERVICES AND FINANCIAL ASSISTANCE

The local Department of Social Services shall obtain information to determine eligibility for Special Assistance for other adults, Medicaid, and other services. Eligibility for services and financial assistance are both determined at the county level. Social workers can assist the residents in making a satisfactory adjustment to the home and offer helpful information to the clients, their families, and the operator when needed.

5.5 FINAL INSPECTION

The local Department of Social Services shall coordinate final inspection with Division of Facility Services and the Area Mental Health Program.

Compile list of unmet licensure requirements.

Follow up to assure final licensure requirements are completed.

Verify with the Division of Facility Services that licensure requirements have been met.

5.6 OTHER DUTIES AND RESPONSIBILITIES OF THE COUNTY DEPARTMENT OF SOCIAL SERVICES

Provide those services necessary for a quality program. (This includes routine visits, at least monthly, to provide consultation, technical assistance, and supervision.)

Provide annual re-evaluation as required to continue as a licensed facility.

Provide verification as required for residents receiving Special Assistance for adults, Medicaid, and other services.

SECTION 6: DIVISION OF FACILITY SERVICES

Contents

6.1 Licensure Authority
6.2 Licensure Procedure
6.3 Approval of Plans
6.4 Application for License
6.5 Pre-Licensure Inspection
6.6 Licensure
6.7 Other Duties and Responsibilities of Facility Services

6.1 LICENSURE AUTHORITY

Under the Executive Organization Act of 1973 and subsequent reorganization of the Department of Human Resources, the Division of Facility Services has responsibility for carrying out the licensing and regulatory authority of the Department.

Private: By virtue of the authority set forth in GS 143B-153 and GS 108-77, the Social Services Commission has the responsibility for establishing and adopting standards for privately operated Family Care Homes, Homes for the Aged and Infirm, and Group Homes for Developmentally Disabled Adults. The Division of Facility Services is assisted in the initial licensing process by the county Department of Social Services. County Departments of Social Services also assist in providing consultation, technical assistance and monthly supervision to the private non-profit board of directors and the home and in completing the annual evaluation for renewal of the license.

Governmental: Those homes which are publicly operated (i.e., by the Area Mental Health Program) will be assisted and supervised directly by the Division of Facility Services. The Division of Facility Services will provide direct consultation and technical assistance during the development and initial licensing stages, as well as continuing consultation, technical assistance and supervision to the home following licensure. Applicable standards for licensure include Division of Mental Health Services Program Standards as well as those applied to the privately operated homes mentioned above.

6.2 LICENSURE PROCEDURE

Private: All information is submitted through the county Department of Social Services to the Division of Facility Services, Post Office Box 12200, Raleigh, North Carolina 27605.

Submit scaled drawing of all floors (including any proposed structure changes) to include the following information:

a. interior dimensions of all rooms

b. label all rooms for proposed use

c. closet, window and door sizes and locations

d. location and type of heating system (forced air, hot water, electric radiant, baseboard)

e. use of basement and attic

f. type of construction - exterior walls (masonry, brick veneer, frame)

g. type of construction - interior walls and ceiling (plaster, gypsum board, panelling, etc.)

h. anticipated capacity including a statement as to type of home (Family Care 2-5; Group Home 2-9; Homes for Aged and Infirm 6 or more)

i. It is also helpful if interior and exterior snapshots of the home, reflecting type of construction are also submitted.

Public: Submit all of the above information directly to the Division of Facility Services, Post Office Box 12200, Raleigh, North Carolina 27605.

6.3 APPROVAL OF PLANS

Private: Write letter of tentative approval, including plan for renovations of physical structure, to County Department of Social Services (with copy to Area Mental Health Program and/or board of directors when requested).

Public: Write letter of tentative approval, including plan for renovations of physical structure, directly to submitting agency.

Please allow 2-3 weeks from the time the Division of Facility Services receives the plans until approval letter is sent.

6.4 APPLICATION FOR LICENSE

Private: The following information is received from county Department of Social Services:

a. Application for licensure of home, signed by the board of directors (Form DSS-1860)

b. County recommendation for licensure (DSS-1861)

c. Application for home manager(s) and relief (DSS-1862)

d. Copies of reference letters for home manager(s) and relief

e. County recommendation for home manager(s) and relief (DSS-1863)

f. Medical report(s) on home manager(s), relief and all life-in family and staff (DSS-1864)

g. Local fire inspection report (Family Care: DSS-1515; Home for Aged and Infirm: DSS-1514; or Group Home: DSS-1451)

h. Local sanitation inspection report (DHS-2094)

i. Local building inspection report (when available)

Public: The following information is received directly from agency operating the home:

a. Application for licensure of home (DFS-MH-1)

b. Local fire inspection report (DSS-1515; DSS-1514; or DSS-1451)

c. Local sanitation inspection report (DHS-2094)

d. Local building inspection report (when available)

6.5 PRE-LICENSURE INSPECTION

Private: On site inspection of proposed facility made by representatives of Division of Facility Services, county Department of Social Services, board of directors, and Area Mental Health Program.

Public: On site inspection of proposed facility made by representatives of Division of Facility Services and agency submitting application.

On site inspection should be requested 2-3 weeks prior to anticipated completion date.

6.6 LICENSURE

The facility is licensed for operation when all licensure requirements are met.

a. Private: Written notification of approval to board of directors with a copy to county Department of Social Services (to Area Mental Health Program when requested).

b. Public: Written notification of approval to agency operating the home.

6.7 OTHER DUTIES AND RESPONSIBILITIES OF THE DIVISION OF FACILITY SERVICES

Private:

a. Annual evaluation of home by county Department of Social Services to be submitted to Division of Facility Services thirty (30) days prior to expiration (DSS-1871)

b. Annual fire inspection report

c. Annual sanitation inspection report

d. Annual medical report(s) on home manager(s), relief, and live-in family and staff

Public:

a. Annual evaluation completed by Division of Facility Services staff. As an additional aid and evaluative tool, it would be helpful if the agency operating the home submitted a copy of that portion of the annual review of the area program relating to group homes for mentally retarded adults.

b. Submit annual fire inspection report

c. Submit annual sanitation inspection report

APPENDIX A

AREA MENTAL HEALTH GROUP HOME COORDINATOR FUNCTION*

Introduction

The area mental health group home coordinator is the pivotal individual with regard to the development and continued operations of the group home. This person is most often one of the few experts in the field of mental retardation located in community programs and is knowledgeable of and involved in most of the programs serving mentally retarded individuals in the community. Hence, this person as a coordinator, motivator and consultant is unquestionably necessary and of positive value to group home programs.

The sensitivity, attitudes, knowledge and energy the group home coordinator brings to his/her role is a major determinant of the successful development and operations of group homes. In order to carry out the functions of a group home coordinator effectively relative to group homes, there are specific characteristics he/she should possess.

1. In-depth knowledge and commitment to the principle of normalization.

2. Knowledge of the dynamics and functions of groups and the skills required to guide and function in groups.

3. Knowledge and purposes of the various community agencies and groups which relate to group homes.

4. In-depth knowledge of community residential systems and programmatic elements relative to them.

5. Skills required to provide basic training and the dissemination of information and knowledge to groups and individuals.

There are specific responsibilities and duties which the area mental health group home coordinator must assume:

1. Develop knowledge of licensure procedures and standards and how they are applied to the operations of group homes. Further, the dissemination of this knowledge to the private non-profit board.

2. Assure compliance with the group home standards and licensing requirements.

3. Assure compliance with the group home contract by both parties.

*Usually the area mental retardation specialist serves this role.

4. Serve as advisor to the private non-profit board:

   a) Assure necessary contracts are negotiated with regional mental health office and area mental health program, and area mental health program with private non-profit board.

   b) Assure development of annual group home budget.

   c) Assures that the area mental health program assumes:

      (1) monitor the activities of the residents;

      (2) assure funds are being utilized to provide optimal program for residents;

      (3) coordinate services to maintain the well being of residents;

      (4) provide supportive services to the group home manager on a continuing basis;

      (5) provide 24-hour service coverage (emergency) to the group homes;

      (6) provide and coordinate in-service training for group home staff.

   d) Serve on Admission and Discharge Committee.

   f) Assure medical, dental and nursing services are available to residents.

   g) Provide counseling and group therapy when indicated.

   h) Assist in annual program review.

Functions

I. Liaison between Area Mental Health Program and County Department of Social Services

   A. Contact County Department of Social Services Director regarding plans for Group Home for Developmentally Disabled Adults.

   B. Coordinate work on licensure (floor plan, inspections, medical reports, etc.) with specialist on aging. Attend final inspection and assure that recommendations are carried out by specified date.

C. Arrange through Eligibility Specialist for community residents applications for Special Assistance (SA) and Medicaid.

D. Become familiar with all Department of Social Services forms for which the Home Manager(s) will be responsible for keeping up-to-date.

E. Advise County Department of Social Services of admissions and discharges.

F. Complete applications for Special Assistance (SA) for annual or semi-annual review, when contracted by Eligibility Specialist.

G. Maintain close contact with County Department of Social Services staff at all times.

II. Liaison Between Area Mental Health Program and Non-Profit Board

A. Role in the development of Non-Profit Board

1. Explain group home philosophy.

2. Explain Non-Profit Board duties.

3. Request person to serve on Non-Profit Board.

4. Advise time and place of initial Non-Profit Board meeting.

B. Advisor to Non-Profit Board

1. Prior to opening of home

a) Coordinate home location, equipment purchase, remodeling, hiring of staff, etc.

b) Draw up agreement between Group Home, residents, and families or advocate(s).
(See Appendix D.3 - Sample Agreement Between Resident and Group Home)

c) Assist treasurer in preparing budget for Non-Profit Board's approval for submission to Area Mental Health Director.

2. After the home opens

a) Coordinate work between Area Mental Health Program and Non-Profit Board.

b) Obtain quarterly financial report from treasurer and submit to Regional Mental Health Office.

c) Provide consultation on programmatic elements of group home.

d) Keep board abreast on most recent information and technologies concerning group homes.

e) Act as a catalyst and/or motivator to maintain board's functioning as a dynamic group, directing the operations of the group home.

III. Liaison Between Area Mental Health Program and Regional Mental Health Office

A. Prepare and submit Grant Application (and Renewal Grant) and budget to Regional Mental Health Office.

B. Arrange for contracts to be signed by appropriate persons.

C. Submit quarterly financial report to Regional Mental Health Office. (See Appendix F - Quarterly Financial Report)

D. Submit individual assessment and goal planning information on each resident to Regional Mental Health Office, and when applicable, to Regional Facilities serving the mentally retarded. (See Appendix G - Individual Assessment and Goal Planning)

IV. Liaison Between Area Mental Health Program and Regional Mental Retardation Facility

A. Serve on resident selection committee.

1. Be familiar with criteria for resident selection as set forth by Non-Profit Board.

B. Contact families in conjunction with staff or Regional Facilities.

C. Coordinate transition of residents to Group Home from Regional Facilities.

V. Liaison Between Group Home and Department of Public Health

A. Arrange for initial visit by Public Health Nurse to Group Home.

B. Coordinate any case-oriented problems with Public Health Nurse and other agencies.

C. Arrange with group home managers for appointments of residents at the Department of Public Health (shots, eye clinic, blood tests, etc.).

VI. Liaison Between Area Mental Health Program and Social Security District Office

A. Arrange for initial applications for SSI for community residents.

B. Advise Social Security District Office of any changes in financial status of residents.

C. Advise Social Security District Office if resident(s) leaves.

D. Assist in completing any forms on resident(s) at any time.

VII. Role of Coordinator with Group Home Manager

A. "On-call" 24 hours a day for emergencies and consultation.

B. Advised by Home Manager when no one will be in home, other than normal shopping times, etc.

C. Arrange for in-service training for staff, as indicated.

D. Maintain record of vacation time, sick leave, etc., for Home Manager(s) and substitute Home Manager(s).

E. Verify amount of client checks (SSI, SA, etc.,) each month.

1. Contact Social Security District Office or Department of Social Services if checks are not correct.

2. Contact Social Security District Office or Department of Social Services if checks or Medicaid stickers are not received.

F. Assist Home Manager(s) with completing Department of Social Services forms initially, and assure adequate supply is on hand at all times.

G. Write individual assessment and goal planning report on each resident with Home Manager(s).
(See Appendix G - Individual Assessment and Goal Planning)

H. Assure that all items necessary for licensure and re-licensure are maintained up-to-date.

I. If repairs to home and/or equipment are necessary:

1. Make sure arrangements for repairs are made with board approval.

2. If emergency monies are needed to make repairs, expedite the obtaining of these funds.

J. Should the coordinator wish to bring visitors to the home, make sure arrangements are made through the home manager(s) with the residents approval.

K. Assure that relief group home managers are licensed prior to employment.

L. Assure that wage and hour regulations are met relative to the home manager(s) pay and working hours.

M. Assure that the home managers do not become isolated and disillusioned due to lack of psychological support.

1. Provide support by listening to the home managers feelings relative to their job, clients and the board.

2. Reinforce those things that they do well; do not always criticize or direct.

3. Make sure they are not left alone for long periods of time without contact with other involved individuals besides the clients.

4. To the degree possible, make sure support is always available when crises occur.

5. Assure support and protection from external criticism and/or attack.

N. Assure that the programmatic elements decided upon for the group home are carried out by supporting, guiding and training the home manager(s) in these activities.

O. Provide in-house training to home managers.

1. Convey new information (e.g., policy changes, licensure changes, client funding changes, new approaches to residential programs, unique techniques, and/or innovations, etc.).

2. Help to refine and support skills and techniques obtained through other training resources.

3. Train home managers in skills necessary to operation of group home that the coordinator possesses, but they do not.

VIII. Advocate for each Resident

A. Assure each resident receives financial assistance for which he/she is eligible.

B. Advocate for checks to be made out to the individual, not another person "for the resident."

C. Assure each resident receives the service he/she should, such as work placement, medical, dental, etc.

D. Assure each has a home to which to go when Group Home is closed, if applicable.

E. Assure everything is done in the best interest of the individual resident.

F. Be available to each resident to discuss his/her progress, problems, grievances, etc.

IX. Public Education

A. Assure that the community is informed of community residential programs for the mentally retarded without betraying the residents' trust, dignity, and privacy.

1. Provide appropriate information to news media.

2. Make talks to citizen and agency groups.

3. Participate as panelist and guest faculty in workshops, training institutes, and university, college and high school classes.

4. Make available pamphlets, literature, films and other media materials to the public.

APPENDIX B.1

DIVISION OF MENTAL HEALTH SERVICES

REGIONAL MENTAL HEALTH OFFICE

APPLICATION FOR GROUP HOME GRANT

I. Name of Applicant _____ Area Mental Health Program

Address _____

_____

II. Name of proposed Third Party _____

Address _____

III. Needs Assessment:

(A) Projection of people in community needing service

_____

(B) Projection of people in regional facility needing service

_____

IV. Describe public information/education that has occurred or has been planned _____

_____

_____

V. Location of Home (approximate if not known)

Street _____

City _____

County _____

VI. Activities Planned

A. Activities Program available for residents (see VII)

_____

_____

APPENDIX B.1

B. Short description of method of transportation to program

_____

_____

_____

VII. Method of operation of the home (type and number of staff to be employed, how relief is to be provided, family participation anticipated, etc.)

_____

_____

_____

VIII. Groups involved in planning the home and suggested list for letters of endorsement

A. Third party contractee (if established)

B. Adult Developmental Activity (Sheltered Workshop, work activity, day activity, recreation agency, etc.)

C. Mental Health Board of Mental Retardation Advisory Board

D. Local Department of Social Services

E. Local Health Department

F. Local Parent Organization (Association for Retarded Citizens)

G. Local Government (County Commissioners)

H. Vocational Rehabilitation

I. Interagency Council

J. Other (civic groups, church groups, medical society groups, etc.)

APPENDIX B.1

IX. Information about Group Home

A. Is a suitable physical structure available? _____

_____

B. Does it meet standards for licensure by the State Division of Facility Services? _____

C. Do you plan to rent _____, lease _____, purchase _____

(See Appendix J.2 for guidelines about purchase or construction)

D. Proposed number of residents _____

E. Briefly describe current status of Group Home planning _____

_____

_____

X. Budget information (See Appendix B.3)*

The following information must be submitted with each Application for Group Home Grant:

1. Receipts
2. Expenditures (line items)
3. Total Expenditures
4. Salary Information
5. Amount of Mental Health Grant Requested

_____

Area Mental Health Director

_____

Date

*The Uniform Chart of Accounts in Appendix B.3 must be used in preparing budget requests.

APPENDIX B.2

DIVISION OF MENTAL HEALTH SERVICES

REGIONAL MENTAL HEALTH OFFICE

APPLICATION FOR GROUP HOME RENEWAL GRANT

I. Area Mental Health Program

A. Name, address, and telephone number of sponsoring local Area Mental Health Program

_____

_____

_____

B. Name of Area Mental Health Program Group Home Coordinator

_____

II. Group Home Information

A. Address and telephone number of Group Home

_____

_____

_____

B. Name of Home Manager(s)

_____

_____

C. Name, address of Non-Profit Board

_____

_____

Name, address of Non-Profit Board Chairman

_____

_____

Date of Incorporation _____

D. Number of residents currently living in the home _____

from Regional Facilities _____ from Community _____

from Other _____

E. Type of licensure from the Division of Facility Services

_____

F. Capacity of Home (as shown by license) _____

G. Date first resident moved into home _____

III. Other Information

A. Describe briefly the progress of the Group Home. Include description of activity programs in which residents are involved, parent involvement, operational problems, and participation and involvement with local public agencies, civic groups, churches, etc.

IV. Budget Information (See Appendix B.3)*

The following information must be submitted for each Application for Group Home Renewal Grant:

1. Receipts
2. Expenditures (line items)
3. Total Expenditures
4. Salary Information
5. Amount of Mental Health Grant Requested

_____

Area Mental Health Director

_____

Date

*The Uniform Chart of Accounts in Appendix B.3 must be used in preparing budget requests.

APPENDIX D.3

(Use for both new and renewal grants)

PROPOSED BUDGET

_____
(Group Home)

Fiscal Year _____ through _____

I. Receipts	Amount
A. Area Mental Health Program (local funds)	$_____
B. Department of Social Services (SA)	_____
C. Social Security Administration (SSI)	_____
D. Resident Fees	_____
E. Mental Health Group Home Grant	_____
F. Other (list) _____	_____
_____	_____
_____	_____
_____	_____
Total Receipts	$_____

APPENDIX E.3

(Use for both new and renewal grants.)

II. Expenditures Line Items	A. Room & Board (SSI & SA)	B. Other Program Expense (Mental Health Group Home Grant)	C. Total Budget
01 Board Members Expense	$	$	$
02 Salaries & Wages-Regular			
03 Salaries & Wages-Part Time & Temporary			
04 Professional Services			
05 FICA Tax Expense			
06 Group Insurance Exp.			
07 Retirement Expense			
09 Other Fringe Benefits			
10 Employee Training			
11 Telephone & Postage			
13 Utilities			
14 Travel			
15 Maintenance & Repair-Buildings & Grounds			
16 Maintenance & Repair-Equipment			
17 Maintenance & Repair-Vehicles			
21 Rent - Buildings			
22 Rent - Equipment			
26 Advertising			
31 Automotive Supplies			
32 Office Supplies			
34 Other Supplies & Materials			

APPENDIX 3.3

(Use for both new and renewal grants.)

II. Expenditure Line Items	A. Room & Board (SSI & SA)	B. Other Program Expense (Mental Health Group Home Grant)	C. Total Budget
35 Laundry and Dry Cleaning	$	$	$
36 Uniforms			
37 N.C. Sales Tax			
38 N.C. Gasoline Tax			
39 County Sales Tax			
43 Contracted Services			
46 Drugs			
47 Food & Provisions			
48 Housekeeping Supplies			
53 Dues & Subscription			
54 Insurance & Bonds			
57 Miscellaneous Expense			
58 Transportation of Clients			
74 Capital Outlay - Equipment			
75 Capital Outlay - Vehicles			
III. Total Expenditures	$	$	$

APPENDIX B.3

(use for both new and renewal grants.)

IV. Salary Information

Position Name	Name	Annual Salary	Budget Salary	Percent Time in Program

Total Budget Salaries _____

APPENDIX D.3

(Use for both new and renewal grants.)

V. Amount of Mental Health Group Home Grant Requested $_____

Funds in Column II-A cannot exceed the amounts received from SA and SSI (Items I Column B and Items I Column C) if residents are receiving SSI and SA funds.

Expenditures line item 10 Equipment (other than vehicles) - attach equipment and furnishings list in detail for those equipment items that unit price exceeds $50.00 and has estimated useful life more than two years.

BUDGET FORMAT

A copy of the attached budget request must be submitted for:

Year of grant application (FY ____ - ____)

SSI and SA funds are granted for the purpose of providing "room and board" for the residents. Group Home grant funds from the Regional Mental Health Office cannot be used for room and board for residents receiving SSI and SA. Salaries and fringe benefits should be allocated for all personnel between Column A - Room and Board, and Column B- Other Program Expense, based upon the amount of time involved in providing each of these two activities ("Room and Board" and "Programs"). A proportionate share of the Supplies, Maintenance and Upkeep, Insurance, and Miscellaneous may be allocated to Column B based on the ratio of personnel to the total number living in the home. For example, if there are four residents and one Home Manager living in the home, one-fifth of the expenses for Supplies, Maintenance and Upkeep, Home Insurance, and Miscellaneous may be included in Column II-B.

Reports of Receipts and Expenditures should be in accordance with reporting requirements for Area Mental Health Program as described by Division of Mental Health procedures.

APPENDIX B.3

(Use for both new and renewal grants.)

UNIFORM CHART OF ACCOUNTS

*NOTE: This Chart of Accounts was developed through cooperation with the Local Government Commission. It was designed with the idea that it will serve both local governmental offices and mental health area programs.

01 BOARD MEMBERS EXPENSES	Costs incurred by members of the mental health area board while participating in activities of the mental health authority.
02 SALARIES AND WAGES - REGULAR	Gross earnings of all full-time employees subject to FICA and retirement regulations.
03 SALARIES AND WAGES - PART TIME AND TEMPORARY	Gross earnings of all employees subject to FICA but not to retirement regulations. This includes non-medical interns employed for less than 1000 hours per year.
04 PROFESSIONAL SERVICES	Costs incurred for services rendered by persons who are not subject to FICA regulations. This would include legal, auditing, non-medical, medical, dental, psychiatric and other services provided by mental health professionals.
05 FICA TAX EXPENSE	Employer's share of FICA taxes on salaries and wages.
06 GROUP INSURANCE EXPENSE	Employer's share of cost for hospital, life, disability income and other insurance on employees.
07 RETIREMENT EXPENSE	Employer's share of retirement contribution.
09 OTHER FRINGE BENEFITS	Costs of other fringe benefits, including workmen's compensation insurance.
10 EMPLOYEE TRAINING	Cost of training employees. This includes tuition or registration fees for workshops and scholarship costs for support of future employees.
11 TELEPHONE AND POSTAGE	Charges for items and services related to communication activities, including telephone equipment, toll calls, telegrams, postage, postage meter, post office box and United Parcel Service and other freight charges that relate to transfer of materials. Freight charges on newly purchased materials should not be charged here, but as cost of material.

13 UTILITIES	Cost of water, sewerage, electricity, natural gas and other heating fuels.
14 TRAVEL	Expenses incurred by employee while acting in the course of his or her employment while away from home facility that are either prepaid or reimbursed following submission of expense report or per diem in lieu of. This includes road mileage paid to an employee for business use of his personal automobile.
15 MAINTENANCE AND REPAIR - BUILDINGS AND GROUNDS	Cost of repairing and maintaining buildings, grounds, and roadways.
16 MAINTENANCE AND REPAIR - EQUIPMENT	Cost incurred for servicing and repairing office furniture and equipment and other medical and non-medical equipment. This includes maintenance contracts.
17 MAINTENANCE AND REPAIR - VEHICLES	Costs incurred for servicing and repairing vehicles owned or leased by the mental health center. The cost of gas. oil, and tires should be charged to "31 - AUTOMOBILE SUPPLIES."
21 RENT - BUILDINGS	Costs arising out of the rental or leasing of a building or a portion thereof for the operation of an office, center or program.
22 RENT - EQUIPMENT	Cost of renting furniture and/or equipment for general office or administrative purposes, maintenance and janitorial purpose and other equipment.
26 ADVERTISING	Cost of newspaper advertising for personnel recruiting and for legal requirements (budget hearings, bidding on purchase requirements, and sales of surplus property).
31 AUTOMOTIVE SUPPLIES	Cost of gas, oil and tires only. For other items of expense see "17 MAINTENANCE AND REPAIR-AUTOS."
32 OFFICE SUPPLIES	Cost of general office supplies and materials, such as paper, pencils, typewriter ribbons, adding machine paper, desk calendars, rulers, staplers, tape dispensers, etc. Such items should be of relatively little value, readily consumable and may or may not be subject to inventory control. Also includes photocopying materials when machine is owned by facility.

APPENDIX B.3

33	HOUSEKEEPING SUPPLIES	Cost of brooms, mops, cleaning agents, wax, paper towels, toilet paper, kleenex, etc.
34	OTHER SUPPLIES AND MATERIALS	Expenditures for the printing and/or binding of written or demonstration material; including, but not limited to pamphlets, brochures, booklets and budgets. This would also apply to the cost of maintenance supplies to be used by maintenance employees.
35	LAUNDRY AND DRY CLEANING	Costs incurred for the laundering and/or dry cleaning of uniforms, towels, linens, patients clothing, etc.
36	UNIFORMS	Cost of uniforms or special clothing required to be worn by employees, including wearing apparel for patients.
37	N. C. SALES TAX	Amounts of N.C. Sales Taxes paid. To be used only in mental health centers which can be reimbursed for such expenditures pursuant to G.S. 105-164.14.
38	N. C. GASOLINE TAX	Amounts of N. C. Gasoline Taxes paid. To be used only in mental health centers which can be reimbursed for such expenditures pursuant to G.S. 105-446.1.
39	COUNTY SALES TAX	Amounts of county sales taxes paid. To be used only in mental health centers which can be reimbursed for such expenditures pursuant to G.S. 105-164.14. If more than one county, sales tax must be segregated, use account codes 40 and 41, as appropriate.
45	CONTRACTED SERVICES	Cost of contractual services for data processing, janitorial maintenance or building operation and other such services not otherwise classified.
46	DRUGS	Cost of drugs and pharmaceuticals administered to or prescribed for patients, including but not limited to glucose or drug packaging machines.
47	FOOD AND PROVISIONS	Cost of food and food related provisions, including such special items as may be purchased for picnics and banquets.
53	DUES AND SUBSCRIPTIONS	Cost of membership dues in professional organizations and subscriptions to technical publications.

54	INSURANCE AND BONDS	Expenditures for fidelity bonds for coverage of employees as well as for all kinds of insurance necessary in the operation of the facility, including but not limited to fire, public liability and malpractice insurance. Expenditures for hospitalization, disability or workmen's compensation should be charged either to line items 06 or 09.
57	MISCELLANEOUS EXPENSE	Expenditures which cannot be otherwise charged to any other line item included in the "UNIFORM CHART OF ACCOUNTS."
58	TRANSPORTATION OF CLIENTS	Cost of transporting clients to or from mental health centers and/or institutions. This includes, but is not limited to, bus, taxi or limousine fares.
74	CAPITAL OUTLAY - EQUIPMENT	Expenditures for office furniture and equipment and other machinery, fixtures and equipment for which the unit price exceeds $50.00 and has an estimated useful life in excess of two years.
75	CAPITAL OUTLAY - VEHICLES	Cost of motor vehicles purchased, plus any freight, dealer preparation charges and taxes.

SAMPLE BYLAWS

ARTICLE I

OFFICES

Section 1.

Registered Office: The registered office of the corporation, subject to change as provided by law, shall be as follows:

_____

_____

Section 2.

Other Offices: The Corporation may have offices at such place, within the State of North Carolina, as the Board of Directors may from time to time determine, or as the affairs of the Corporation may require.

ARTICLE II

MEMBERS

Section 1.

Number of Members: The Corporation shall have one class of members who shall consist of those persons of eighteen (18) years of age or older who have paid annual membership dues in such amount as the Board of Directors may from time to time determine.

ARTICLE III

MEETINGS OF MEMBERS

Section 1.

Annual Meetings: The annual meeting of members shall be held at the place and time designated by the President in _____ of each year beginning in _____ for the purpose of electing directors of the Corporation and for the transaction of such other business as may be properly brought before the meeting.

Section 2.

Special Meetings: Special meetings of the members may be called at any time by the President, Secretary, or Board of Directors of the Corporation.

Section 3.

Notice of Meetings: Written or printed notice stating the time and place of the meeting shall be delivered not less than ten nor more than fifty days before the date thereof, either personally or by mail, by or at the direction of the President, the Secretary, or other person calling the meeting, to each member.

Section 4.

Quorum: Ten percent (10%) of the members represented in person or by proxy shall constitute a quorum at meetings of members.

Section 5.

Voting: Each member shall be entitled to one vote on each matter submitted to a vote at a meeting of members.

Except in the election of directors, the vote of a majority of the members voted on any matter at a meeting of members at which a quorum is present shall be the act of the members on that matter, unless the vote of a greater number is required by law or by the charter or bylaws of this Corporation. The election of directors shall be by ballot.

ARTICLE IV

DIRECTORS

Section 1.

General Powers: The business and affairs of the Corporation shall be managed by the Board of Directors.

Section 2.

Number, Term and Qualifications: The number of Directors of the Corporation shall be not less than nine nor more than fifteen. Each director shall hold office until his death, resignation, retirement, removal, disqualification, or his successor is elected and qualifies.

Section 3.

Election of Directors: Except as provided in Section 4 of this Article, the directors shall be elected at the annual meeting of members; and those persons who receive the highest number of votes shall be deemed to have been elected.

Section 4.

Vacancies: A vacancy occurring in the Board of Directors may be filled by a majority of the remaining Directors, though less than a quorum, or by the sole remaining Director.

Section 5.

Chairman: The President of the Corporation shall preside as Chairman of the Board.

ARTICLE V

MEETINGS OF DIRECTORS

Section 1.

Regular Meetings: A regular meeting of the Board of Directors shall be held immediately after, and at the same place as, the annual meeting of members. In addition, the Board of Directors may provide, by resolution, the time and place, for the holding of additional regular meetings.

Section 2.

Special Meetings: Special meetings of the Board of Directors may be called by or at the request of the President or any two directors.

Section 3.

Notice of Meetings: Regular meetings of the Board of Directors may be held without notice.

The person or persons calling a special meeting of the Board of Directors shall, at least two days before the meeting, give notice thereof by any usual means of communication. Such notice need not specify the purpose for which the meeting is called.

Section 4.

Quorum: One-third (1/3) of the directors fixed by these bylaws shall constitute a quorum for the transaction of business at any meeting of the Board of Directors.

Section 5.

Manner of Acting: Except as otherwise provided in this section, the act of the majority of the Directors present at a meeting at which a quorum is present shall be the act of the Board of Directors.

The vote of a majority of the directors then holding office shall be required to adopt, amend or repeal a bylaw.

Section 6.

Informal Action by Directors: Any action of the Board of Directors may be taken without a meeting of a consent in writing setting forth the action so taken shall be signed by all of the member entitled to vote with respect to the subject matter thereof and filed with the Secretary of the Corporation as part of the corporate records, whether done before or after the action so taken.

ARTICLE VI

OFFICERS

Section 1.

Number: The officers of the Corporation shall consist of a President, a Vice-President, a Secretary, a Treasurer, and such Assistant Secretaries, Assistant Treasurers and other officers as the Board of Directors may from time to time elect. Any two or more offices may be held by the same person, except the offices of President and Secretary.

Section 2.

Election and Term: The officers of the Corporation shall be elected by the Board of Directors. Such elections may be held at any regular or special meeting of the Board. Each officer shall hold office until his death, resignation, retirement, removal, disqualification, or his successor is elected and qualifies.

Section 3.

Removal: Any officer or agent elected or annointed by the Board of Directors may be removed by the Board with or without cause.

Section 4.

Compensation: No officer of the Corporation shall receive any compensation for his services as such officer.

Section 5.

President: The President shall be the principal executive officer of the Corporation and, subject to the control of the Board of Directors, shall supervise and control the management of the Corporation in accordance with these bylaws.

He shall, when present, preside at all meetings of members. He shall sign, with any other proper officer, any deeds, mortgages, bonds, contracts, or other instruments which may be lawfully executed on behalf of the Corporation, except where required or permitted by law to be otherwise signed and executed and except where the signing and execution thereof shall be delegated by the Board of Directors to some other officer or agent; and, in general, he shall perform all duties incident to the office of President and such other duties as may be prescribed by the Board of Directors from time to time.

Section 6.

Vice-President: The Vice-President shall, in the absence or disability of the President, perform the duties and exercise the powers of that office. In addition, he shall perform such other duties and have such other powers as the Board of Directors shall prescribe, or as directed by the President.

Section 7.

Secretary: The Secretary shall keep accurate records of the acts and proceedings of all meetings of members and directors.

He shall give all notices required by law and by these bylaws. He shall have general charge of the corporate books and records and of the corporate seal, and he shall affix the corporate seal to any lawfully executed instrument requiring it. He shall have general charge of the Corporation and shall keep, at the registered or principal office of the Corporation, a record of members showing the name and address of each. He shall sign such instruments as may require his signature, and, in general, shall perform all duties incident to the office of Secretary and such other duties as may be assigned him from time to time by the President or by the Board of Directors.

Section 8.

Treasurer: The Treasurer shall have custody of all funds and securities belonging to the Corporation and shall receive, deposit or disburse the same under the direction of the Board of Directors. He shall keep full and accurate accounts of the finances of the Corporation in books especially provided for the purpose; and he shall cause a true statement of its assets and liabilities as of the close of each calendar year and of the results of its operations, all in reasonable detail, to be made and filed at the registered or principal office of the Corporation within four months after the end of such calendar year. The statement so filed shall be kept available for inspection by any member for a period of ten years; and the Treasurer shall mail or otherwise deliver a copy of the latest such statement to any member upon his written request therefor. The Treasurer shall, in general, perform all duties incident to his office and such other duties as may be assigned to him from time to time by the President or by the Board of Directors. (Obtain fidelity bond on appropriate officers of the non-profit corporation.)

Section 9.

Assistant Secretaries and Treasurers: The Assistant Secretaries and Assistant Treasurers shall, in the absence or disability of the Secretary or the Treasurer, respectively, perform the duties and exercise the powers of those offices, and they shall perform such other duties as shall be assigned to them by the Secretary or the Treasurer respectively, or by the President or the Board of Directors.

ARTICLE VII

GENERAL PROVISIONS

Section 1.

Seal: The corporate seal of the Corporation shall consist of two concentric circles between which is the name of the Corporation and in the center of which is inscribed CORPORATE SEAL; and such seal, as impressed on the margin hereof, is hereby adopted as the corporate seal of the Corporation.

Section 2.

Waiver of Notice: Whenever any notice is required to be given to any member or director under the provisions of the North Carolina Non-profit Corporation Act or under the provisions of the charter or bylaws of this Corporation, a waiver thereof in writing signed by the person or persons entitled to such notice, whether before or after the time stated therein, shall be equivalent to the giving of such notice.

Section 3.

Fiscal Year: Unless otherwise ordered by the Board of Directors, the fiscal year of the Corporation shall begin on January 1 and end on December 31 each year.

Section 4.

Amendments: Except as otherwise provided herein, these bylaws may be amended or repealed and new bylaws may be adopted by the affirmative vote of a majority of the directors then holding office at any regular or special meeting of the Board of Directors.

The foregoing bylaws were adopted by the Board of Directors at a meeting held on _____ and ordered attested by the Secretary and filed as a part of the minutes of the meeting.

APPENDIX C

SAMPLE ARTICLES OF INCORPORATION

I, the undersigned natural person(s) of the age of eighteen years or more, do make and acknowledge these Articles of Incorporation for the purpose of forming a nonprofit corporation under and by virtue of the laws of the State of North Carolina.

1. The name of the corporation is _____.

2. The period of duration of the corporation is perpetual.

3. The purpose for which the corporation is organized is to operate, maintain and provide a group home for mentally retarded adults and to undertake to train the residents of such group home to live as independently as possible in the community as productive citizens; the corporation shall not engage in any business nor necessarily incidental to such purpose nor shall it be operated for profit, nor shall any part of the net earnings inure to the benefit of any officer, director, member or individual.

4. The corporation shall have members which may be divided into such classes as shall be provided in the bylaws. All members shall be accepted, appointed, elected or designated in the manner provided in the bylaws.

5. The directors of the corporation shall be elected by the members in the manner provided in the bylaws.

6. Upon dissolution of this corporation all of the assets, after the discharge of the liabilities and obligations, shall be paid and distributed to such successor organization as qualifies under Section 501(c) (3) of the Internal Revenue Code of 1954 as an exempt organization and in the event there is no successor organization or such successor organization does not qualify as an exempt organization, then all assets shall be paid and distributed to _____.

7. The address of the initial registered office of the corporation in the State of North Carolina is _____ _____; and the name of its initial registered agent at such address is _____.

8. The number of directors constituting the initial board of directors shall be _____; and the name and addresses of the persons who are to serve as the initial directors are:

NAME	ADDRESS

9. The name and address of the incorporator is _____

_____

IN WITNESS WHEREOF,

_____

STATE OF NORTH CAROLINA

COUNTY OF _____

I, _____, a Notary Public, do hereby certify that _____ personally appeared before me this _____ day of _____ and acknowledge the due execution of the foregoing Articles of Incorporation.

_____

My Commission expires:

_____

APPENDIX D.1

SUGGESTED ADMISSION POLICY

I. Suggested Selection Committee

A. Interagency Council, Case Management Committee or representatives from:

Mental Health Center
Non-Profit Board
Regional Mental Retardation Facility
County Department of Social Services
Division of Vocational Rehabilitation
Health Department
Adult Developmental Activity Programs, Sheltered Workshop, or other community service programs
Group Home Manager

B. The Chairman of the Selection Committee should be elected from among the members and shall be responsible for arranging meetings of the committee.

II. Suggested Criteria for Resident Selection

A. The level and type of residential population to be served will determine the criteria for resident selection. Therefore, the following should be considered in the development of criteria for resident selection in a Group Home:

Number of residents to come from the Regional Facilities serving the Mentally Retarded
County(s) to be served
Level of self-help skills
Communication skills
Behavior and/or medical conditions
Degree of mobility
Ability to participate in Sheltered Workshop, ADAP, competitive employment and/or other community activity
Level of functioning and age

B. Consideration of priority for placement should be developed based on needs in each community. Suggestions for consideration are:

Suitability for group home living
Immediate need or crisis
Continuing difficulty in home situation
Inappropriate placement
Recommendations from agencies
Facilitate adjustment
Prevention of emotional problems

III. Prior to admission the following information shall be provided to the Selection Committee by the referring agent (Regional Facilities for the Mentally Retarded, County Department of Social Services, Area Mental Health Program, professional, family or individual himself)

A. Social history and evaluation indicating the resident's current level of physical capabilities and social skills

B. Medical history:
   Vocational
   List of immunizations
   List of drug sensitivity
   Current physical examination
   Dental

C. Psychological examination, including prognosis and recommendations

IV. No resident shall be involuntarily committed to the Group Home.

V. Within twenty-four (24) hours of admission to the Group Home each resident will be informed in writing of his civil, legal, and discharge rights as stipulated by the General Statutes of North Carolina

APPENDIX D.2

SAMPLE APPLICATION FOR ADMISSION

DATE OF APPLICATION _____

FULL NAME _____ SOCIAL SECURITY NO. _____
Last First Middle

CURRENT ADDRESS _____ TELEPHONE _____

COUNTY AND STATE OF BIRTH _____ DATE OF BIRTH _____ AGE _____

LEGAL COUNTY OF RESIDENCE _____

SEX ( ) MALE ( ) FEMALE MARITAL STATUS _____

EDUCATION AND TRAINING:

Name of Program	Address	Date

WORK EXPERIENCE (List Last Employer First):

Name of Employer	Address	Date

EMERGENCY CONTACT NAME _____ BUSINESS TELEPHONE _____

ADDRESS _____ RELATIONSHIP _____ HOME TELEPHONE ___

NAME AND ADDRESS OF PERSONAL PHYSICIAN _____

_____ TELEPHONE _____

FAMILY INFORMATION:

FATHER'S NAME _____ ADDRESS _____

OCCUPATION _____ TELEPHONE _____

MOTHER'S NAME _____ ADDRESS _____

OCCUPATION _____ TELEPHONE _____

BROTHERS AND SISTERS (list) _____

SAMPLE AGREEMENT BETWEEN RESIDENT AND GROUP HOME

The information on this form is required by the Minimum Standards and Regulations for Group Homes for Developmentally Disabled Adults. This agreement should be thoroughly reviewed with the resident in such a manner that the resident understands both his responsibility and that of the group home.

I. Responsibility of the Group Home:

A. The Group Home agrees to provide room, board, and related services to the resident. Charges for room and board at the Group Home will be $_____ per month, which will be made by the resident to the Group Home in the following manner:

_____

_____

B. The Group Home and the resident have established the following goals and will periodically review the goals for the purpose of possible revision.

_____

_____

_____

_____

_____

C. The Group Home agrees to abide by the Declaration of General and Special Rights of the Mentally Retarded as adopted by the International League of Societies for the Mentally Handicapped and the North Carolina General Statutes (168-9, Right to Housing).

D. The Group Home agrees to allow the resident access to his personal spending money and to maintain adequate records of income and expenses from any personal funds held by the Group Home for the resident.

E. The Group Home agrees to allow the resident to have access to Group Home employees for private conferences when requested and also to allow the resident to have conferences with his advocate (Area Mental Health Group Home Coordinator) and the Group Home Board or board members upon request.

APPENDIX D.3

F. The Group Home agrees to assist the resident in obtaining appropriate medical, dental, or emergency care.

G. The Group Home agrees to allow visits in the home by relatives and/or friends of the resident and also agrees to allow appropriate visits by the resident to his family's and/or friend's place of residence.

H. The Group Home agrees to review this agreement with the resident as often as necessary and to renew this agreement on an annual basis. The Group Home will conduct detailed discussions with the resident regarding the rights and responsibilities of both the resident and the Group Home.

II. Responsibilities of the Resident:

A. The resident agrees to pay to the Group Home the sum specified in Section I.A for room and board. The resident agrees to pay for his own clothing, medication, doctor, and dental bills.

B. The resident understands the goals listed in I.B. above and agrees to participate in various programs as indicated by these goals. The resident understands that he will be given an opportunity to speak to the home manager(s) or substitute manager in private to express any grievances or complaints or to discuss goal plans or programs. The resident also understands that he has the right to request a conference with his personal advocate (Area Mental Health Group Home Coordinator) and to meet with the board of the group home or individual members of the board.

C. The resident agrees to respect the rights and property of all other persons living in the home.

D. The resident agrees to accept responsibilities in the Group Home for sharing in daily chores within the home as indicated by the resident's individual goals, program, interest, and abilities.

E. The resident agrees to give authorization to the home manager, substitute home manager, and the board to obtain necessary doctor, dental, or emergency treatment for the resident if and when such authorization is required by the physician as a condition for treatment.

F. The resident agrees to participate in programs that will encourage appropriate contact and visits with his family and/or friends.

APPENDIX D.3

G. The resident understands that he has the rights of any other citizen, including that of a normal home environment and that he may participate in leisure time activities freely, including staying in his own room, going out of doors, etc.

This agreement is effective for one year from the date shown below, and a new agreement will be negotiated on an annual basis between the resident and the group home.

_____
Signature of Resident

_____
Signature, Chairman of the Group Home Board

_____
Date

APPENDIX E

GROUP HOME TRAINING

The success of any program is dependent to a great extent on the competencies of those persons responsible for the program. Therefore, the orientation and training for those persons involved with the group home development and operation is a must.

Monies for training those persons involved in the operation of the group home should be reflected in the Group Home Budget Request.

APPENDIX E.1

ORIENTATION AND TRAINING FOR PERSONS INVOLVED WITH THE GROUP HOME

I. Community Orientation Content

A. Review of Group Homes for Mentally Retarded Adults - Recommended Minimum Standards and Guidelines for Utilization of North Carolina Mental Health Funds, and applicable Division of Facility Service Standards (Family Care Homes or DOA Homes).

B. Review reading list in this section

C. Orientation to Department of Human Resources and Office of Mental Retardation

D. Orientation to community organization and resources

1. Area organization

a. Director and staff

b. Lines of communication

c. Budgeting

E. Orientation to local community and services

1. Tour area and meet people in local services and businesses

a. Post Office; grocery stores; clothing stores; drug stores; laundry; Banks; gas station; newspaper office; City Hall; telephone company; utility company; doctors; dentists; Fire Department; Police Department; Recreation Department; Health Department; Department of Social Services; Social Security District Office; churches; sheltered workshop; Adult Developmental Activity Programs

2. Public relations in community

F. The Home

1. Administration of Group Home

a. Funding

b. Director; Advisory Board; Non-Profit Board

c. Supervision

APPENDIX F.1

2. Operation and programming

a. Establishing philosophy and regulations

b. Supplies - purchasing

c. Duties of Home Manager

(i) Household: meals, cleaning, laundry, yard work, etc.

d. Transportation of residents

e. Time off for Home Manager - wage and hour regulations

G. Responsibilities of Home Manager

1. Resource for health and safety

2. Medical needs - including medication administration

3. Daily needs of residents

a. Education

b. Recreation

c. Work training in home, sheltered workshop, job placement,etc.

d. Programming

e. Behavior modification

4. Long-term Planning

5. Working with other community programs and resources

6. Admissions and discharge of residents

H. Records

1. Local requirements - individual resident

a. Finances - including changes in income payments

b. Health

c. Admissions and discharges

d. Quarterly resident progress reports

APPENDIX E.1

2. Legal requirements

I. Working with families

1. Family involvement

a. Encourage family involvement as needed

b. Discourage family involvement in over-protective families

2. Agreements with family or guardian

II. Content of Orientation to Regional Mental Retardation Facilities

A. Tour of Regional Facilities

B. Introduction and orientation to Facilities programs

C. Introduction to Mental Retardation

1. Overview of mental retardation, epilepsy, cerebral palsy, etc.

2. Meeting the needs of the developmentally disabled

3. Human rights

a. What are the "rights"

b. Protecting and insuring rights - advocate

4. Group living

5. Home government

6. Human Sexuality

7. Behavior and adjustment

a. Emotional and social development

b. Principles of learning

c. Behavior modification - (teaching new behaviors and changing behaviors)

8. Principles of normalization and deinstitutionalization

9. On-the-job experience and instruction

APPENDIX E.2

DEFINITION OF MENTAL RETARDATION

At present, the most widely accepted definition of Mental Retardation is that of the American Association of Mental Deficiency (AAMD), adopted in 1973:

> *"Mental Retardation refers to substantially sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior, and manifested during the developmental period."*

"Substantially sub-average general intellectual functioning" has been interpreted as two standard deviations below the norm, or approximately IQ 70 or below. The two most widely used tests are the Stanford-Binet and the Wechler Scale (WAIS).

"Existing concurrently with" indicates that all three factors must be present, that is: (1) sub-average intellectual functioning, (2) deficits in adaptive behavior, and (3) manifestation during the developmental period.

"Deficits in adaptive behavior" are usually measured by a scale such as the Vineland Social Maturity Scale or the AAMD's Adaptive Scale.

The fact that adaptive behavior is emphasized in the AAMD definition is extremely important. There is no way to regenerate brain cells or turn back the clock on the developmental period, but significant changes can be made in the development of appropriate adaptive behavior. Regardless of how severely mentally retarded an individual is, he can be taught and adaptive behavior can be improved.

According to this definition, onset of mental retardation must occur during the *"developmental period,"* typically interpreted as any time before 18 years of age. An adult who is brain-damaged in an automobile accident, then, would not fit the definition.

While it is certainly true that mental retardation is a broad term which may include several layers of classification, it continues to be a term which is frequently misinterpreted. For example, even the concept of intelligence quotient (IQ) is frequently misunderstood. For a handy, very quick (emergency) reference, the following intellectual classification chart is provided. Be cautious when using this information as it is most appropriately used when generalizing about groups of individuals, and one should safeguard against applying this information to individual cases or setting too low an expectation for a client.

APPENDIX E.2

	STANFORD-BINET	WECHLER (WAIS)
Mild	52 to 68	55 to 69
Moderate	36 to 51	40 to 54
Severe	20 to 35	25 to 39
Profound	19 and below	24 and below

1. Plans concerning a client's eligibility, training, and program objectives should never be based simply on an IQ score.

2. Minimum evaluation should include medical and psychological examinations as well as some assessment of social maturity. Psychological evaluation means more than just simple gathering of an IQ score; it is becoming generally recognized that an IQ score alone is unsatisfactory and can be misleading. Work habits and personal/social adjustment are extremely important. Adaptive behavior refers to personal independence and social responsibility - how well can an individual care for himself (self-help); how well can he communicate; ability to cope with his environment.

APPENDIX E.2

DEFINITIONS

Normalization - as defined by Dr. Wolf Wolfensberger - *"Utilization of means which are as culturally normative as possible, in order to establish and/or maintain personal behaviors and characteristics which are as culturally normative as possible."*

Group Home Administrator - Person employed by an incorporated private non-profit or governmentally operated group home body to provide and/or coordinate services to the group home residents, staff, and its operation.

Group Home Manager - Person who lives in the group home and is employed by an incorporated private non-profit board or governmental agency and is responsible for the habilitative development of the residents.

Relief Group Home Manager - Person(s) who lives in the group home and is employed by an incorporated private non-profit board or governmental agency and is responsible for the habilitative development of the residents in the absence of the group home manager.

Area Mental Health Group Home Coordinator - Person employed by the Area Mental Health Program who has been designated to provide and/or coordinate services to the group home residents and its operation.

Developmental Disability - A developmental disability is defined as a disability attributable to mental retardation, cerebral palsy, epilepsy, autism (or dyslexia resulting from these), or any other conditions closely related to mental retardation in terms of intellectual and adaptive problems. The handicap must originate before age 18, can be expected to continue indefinitely, and constitutes a substantial handicap.

APPENDIX F

QUARTERLY FINANCIAL REPORT

QUARTERLY REPORT OF RECEIPTS

Name of Board _____
Address of Home _____
_____

Quarter Ending _____ 19__

(1) I. RECEIPTS	(2) ANNUAL BUDGET	(3) CURRENT QUARTER	(4) YEAR TO DATE	(5) UNEXPENDED
A. Area Mental Health Program (local funds)	$_____	$_____	$_____	$_____
B. Department of Social Services	_____	_____	_____	_____
C. Social Security Administration (SSI)	_____	_____	_____	_____
D. Resident Fees	_____	_____	_____	_____
E. Mental Health Group Home Grant	_____	_____	_____	_____
F. Other (list)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL RECEIPTS	$_____	$_____	$_____	$_____

Resident Information:

Capacity of home _____

Number in home beginning of quarter _____

New Admissions _____

Number discharged during quarter _____

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Number in home end of quarter _____

Number receiving SSI and SA benefits _____

If home below capacity, please include written plan to bring home to capacity.

APPENDIX F

QUARTERLY REPORT OF EXPENDITURES

Name of Center _____ Program _____

Quarter Ending _____ 19 ____

(1) II. EXPENDITURES	(2) ANNUAL BUDGET	(3) CURRENT QUARTER	(4) YEAR TO DATE	(5) UNEXPENDED
01 Board Members Expenses	$	$	$	$
02 Salaries & Wages - Regular				
03 Salaries & Wages - Part time & Temporary				
04 Professional Services				
05 FICA Tax Expense				
06 Group Insurance Exp.				
07 Retirement Expense				
09 Other Fringe Benefits				
10 Employee Training				
11 Telephone & Postage				
13 Utilities				
14 Travel				
15 Maintenance & Repair - Buildings & Grounds				
16 Maintenance & Repair - Equipment				
17 Maintenance & Repair - Vehicles				
21 Rent - Buildings				
22 Rent - Equipment				
26 Advertising				
31 Automotive Supplies				

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(1) II. EXPENDITURES	(2) ANNUAL BUDGET	(3) CURRENT QUARTER	(4) YEAR TO DATE	(5) UNEXPENDED
32 Office Supplies	$	$	$	$
34 Other Supplies & Materials				
35 Laundry and Dry Cleaning				
36 Uniforms				
37 N.C. Sales Tax				
38 N.C. Gasoline Tax				
39 County Sales Tax				
45 Contracted Services				
46 Drugs				
47 Food & Provisions				
48 Housekeeping Supplies				
53 Dues & Subscriptions				
54 Insurance and Bonds				
57 Miscellaneous Expense				
58 Transportation of Clients				
74 Capital Outlay - Equipment				
III. Total Expenditures	$	$	$	$

APPENDIX G

RESIDENT ASSESSMENT AND INDIVIDUAL GOAL PLANNING

I. Resident assessment is an important area of service within a residential program. The purposes of resident assessment are:

1. To determine whether the resident should be in this specific program or should be referred to, or placed in other available programs.

2. To determine what the client's present status is relative to full, social integration and independent living.

3. To determine what his immediate training and rehabilitation needs are.

4. To provide information to be utilized in the development of a habilitation or rehabilitation plan and more specifically in the development of prescriptive activities to meet this plan.

5. Insofar as possible, to determine what the future needs of the client will be.

6. To provide documentation for accountability.

II. Assessment consists mainly of two activities:

1. The collection of information and data about the client which is relevant to the resident's participation and development in the residential program.

2. The synthesis of this information in order that it might be utilized to plan, habilitate and care for the resident.

III. Types of information and data which needs to be collected for assessment:

1. Medical and Health Information

2. Physical Capacities (i.e., mobility, strength, etc.)

3. Psychological and Psychiatric Examination Reports

4. General Academic Abilities

5. Capacity for Self Care

6. Social Abilities

7. Communication Skills

8. Work Skills

9. Past History of Services and Attainment

10. Types and Use of Medication

IV. The most easily used and viable instruments for assessment in the residential facility are rating scales and/or profiles. These instruments should provide the following:

1. A detailed account of an adult's achievements and failings which will enable him to design a plan of action to tackle the weaknesses in social development.

2. Periodic reassessments which will draw attention to lack of progress in specific areas.

Two instruments on the market at the present which might satisfy these requirements:

1. The Vineland Social Maturity Scale

2. The Progress Assessment Chart

(1) The PAC (Progress Assessment Chart of Social Behavior for the Mentally Handicapped) can be an excellent method for evaluation for both the residents of the group home and the programming in the home.

I. What areas does it cover?

A. It covers the four main areas of social development:

1. Self-help
2. Communication
3. Socialization
4. Occupation

II. To whom can the PAC be given?

A. There are three forms of the PAC. Each covers the above four areas:

1. Primary PAC is suitable for the profoundly mentally handicapped.
2. PAC-1 is suitable for those beginning to acquire some independent skills.
3. PAC-2 is suitable for those either preparing for community living or those actually living in the community. This form would probably be most suitable for group home residents.

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III. Who can give the test?

A. Anyone who has read the manual and understands the instructions. It takes about three hours to administer the test. Can be given in sessions.

IV. How is it scored?

A. There is no numerical score or I.Q. score. A chart is provided with the test which is divided into the areas covered. The chart areas are shaded in when the individual is able to perform the task required. Strengths and weaknesses are delineated.

V. The most characteristic and probably most valuable part of the PAC procedure is the circular diagram which permits a qualitative assessment of social behavior at a glance. The usual form of qualitative presentation, the so-called "psychogram" which compares the achievement levels in various aspects of functioning, is normally not able to provide a quick analysis of "failure and success" within each aspect which has been assessed. Yet, it is this very patchiness of functioning, where, for example, some difficult skills have been mastered, but some, apparently much "easier" skills have not been acquired, which is of primary interest to the instructor and evaluator.

VI. What will it evaluate?

A. The individual. The skills are listed in sequential difficulty. (For example, in the self-help area one level might be "serves himself without difficulty," and so on.) Therefore, the test shows what skill the individual needs to learn as the next step of advancement.

B. Programming opportunities for the group home. By determining lack of certain skills in the individuals tested, the group home **manager** can provide the training needed for the individuals to achieve those needed skills. (For example, if the individual is not able to make change for a dollar bill, perhaps the home **manager** could plan a program to teach the individual about money values.)

The results of the test may also point out practical limitations in the community. (For example, if the community offers no public transportation, the individual probably will not learn how to ride a bus.)

C. Provides pre-test and post-test opportunities for evaluation of progress and research.

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VII. How is the test given?

A. The individual tested must actually perform the various skills for the person giving the test. (For example, the tester does not say to the individual, "Can you tell time?") The tester must ask the individual to read a clock which is set at several different times.

VIII. Where can the PAC be purchased?

A. Write: Aux Chandelles
PAC Department
P. O. Box 398
Bristol, Indiana 46507

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P-A-C
ORDER FORM

BILL TO:_____ SHIP TO:_____

ITEM	NO. SETS	COST
ASSESSMENT CHARTS:		
P-P-A-C (6th Edition) @$4.80 per set of 25 forms		
P-A-C-1 (12th Edition) @$5.75 per set of 25 forms		
P-A-C-1A (1st Edition) @$4.80 per set of 25 forms		
P-A-C-2 (10th Edition) @$5.75 per set of 25 forms		
M/P-A-C-1 (1st Edition) @$4.80 per set of 25 forms		
EVALUATION INDEXES:		
P-P-E-I (2nd Edition) @$7.20 per set of 5 forms		
P-E-I-1 (4th Edition) @$7.20 per set of 5 forms		
P-E-I-2A For Moderate (4th Edition) @$7.20 per set of 5 forms		
P-E-I-2B For Mild (4th Edition) @$7.20 per set of 5 forms		
P-E-I-2C For Borderline (4th Edition) @$7.20 per set of 5 forms		
P-A-C Manual @$7.50		
PAC Complete Specimen Set @$19.50 per set		
CLIENT BOOKS:		
Clumsy Charlie (set of 4 books) @$5.00 per set		
Out With Tom (set of 13 books) @$15.60 per set		
Spotlight on Mystery (set of 4 books) @$6.00 per set		
Talking Points @$1.20 each		
PROFESSIONAL BOOKS AND ARTICLES:		
Social Competence & Mental Handicap @$8.90 each		
Mental Handicap & Physical Environment @$9.40 each		
An Evaluation of the Effects of Group Home Living @$.55 each		
TOTAL ORDER		
SHIPPING AND HANDLING CHARGE (Orders less than $100.00 add $2.00) (Orders less than $200.00 add $3.00) (Orders less than $300.00 add $4.00)		
TOTAL DUE (Incl. Shipping and Handling Charge)		

MAIL ORDER AND PAYMENT TO: AUX CHANDELLES, P-A-C DEPT.
P.O. BOX 398
BRISTOL, INDIANA 46507

C 7510-200R

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(2) The Vineland Social Maturity Scale is a developmental schedule designed by Edgar A. Doll while at the Vineland School for the Mentally Retarded. It is mainly concerned with the individual's ability to assume responsibility for himself in an anticipated environment. It is now published by American Guidance Service, Inc., Publisher's Building, Circle Pines, Minnesota 55014. Cost of Record Blank is $2.00 per package of 25. 1965 Edition of the Manual is $1.35. A Specimen Set, with the Manual is $1.50.

Although this rating scale has been standardized on persons with ages of 0 to 25, it appears to be most applicable to the young child and the mentally retarded person. It is designed as a structured interview with a rating scale for the items covered.

The interview should appear unstructured and spontaneous - one in which topics are brought up and the respondent is allowed to elaborate, expand and take new directions. Allow the respondent to go as far as he wishes about himself (or the client). If you are interviewing the client, it may be necessary to add more structure. But when the client begins talking about himself, let him talk. Don't interrupt because you feel you have to ask questions.

From the information obtained through research on the Vineland, it appears to be an adequate component of an assessment program.

1. It aids in determining the status of a client relative to competitive work.
2. It measures behaviors I.Q. tests do not measure.
3. It can be used with reliability at different chronological ages and with different examiners when administered to the same subjects.
4. It can be used as a running profile of the client in training.
5. It is a very good device to determine training needs in personal adjustment areas.
6. It is very inexpensive and requires a short time to administer.

According to the American Guidance Service Catalogue, this schedule is applicable for the following purposes:

1. A standard schedule of normal development.
2. A measure of individual differences, hence deviation.
3. A qualitative index of variation in abnormal cases.
4. A measure of improvement following therapy.
5. In clinical studies of retardation, deterioration, decline.
6. Assistance in child guidance and training, home or school.
7. Evaluating influence of environment and handicaps.

APPENDIX G

INDIVIDUAL GOAL PLANNING

Why have individual planning?

1. Fact: People who have individual program plans progress better than those who do not.

2. Federal and State Standards mandate the development of individual programs and contracts between services and clients.

3. Individuals in programs have a right to have individualized program plans.

4. Staff frustration is decreased when clear individual objectives are developed for each client for whom they are responsible.

The Four Major Points of Goal Planning

Start with what the person can do now.
(1) Look at what person can do and not just at his problems.
(2) Build new skills from what person can do.

Use small goals to reach larger goals.
(1) Each goal should be mastered before going on to the next.
(2) If you aren't making progress, it's probably because your goals aren't small enough.

State clearly who will do what and when.
(1) Describe what person will do or how person will act when goal is achieved.
(2) Identify staff responsibilities.
(3) Choose a date when you think that goal should be achieved.
(4) Spell out clearly what is to be done so that a new person could read the plan and know what to do.

Involve the person from the beginning.
(1) Person's likes and wants should be part of each goal that is set.
(2) Person should participate in setting the goals.
(3) Always explain the goals to the person.
(4) Treat that person the way you would like to be treated.

In addition to the four major points of goal planning, Scott and Houts have developed strategies for dealing with problem behaviors, such as lengthening the time when a behavior is not a problem, pushing out behaviors with positive behaviors, and developing smaller goals. Scott and Houts also suggest techniques of getting assistance in goal planning.

APPENDIX G

EXAMPLE FORM

Name	Date:	
Present Behavior: IN THIS SECTION DESCRIBE WHAT THE PERSON IS DOING NOW.		
Goals	Projected Dates	Method
FOR EACH SMALL GOAL SAY WHAT THE PERSON WILL BE DOING WHEN THE GOAL IS REACHED. USE AS MANY STEPS AS YOU NEED. FINAL GOAL: EXPLAIN WHAT THE PERSON WILL EVENTUALLY DO AS A RESULT OF ACCOMPLISHING THE SMALLER GOALS.		FOR METHOD, SAY WHAT YOU WILL DO TO HELP THE PERSON REACH HIS/HER GOAL.
Instructor:		Coordinator:

cc: Client
Instructor
Client File

INDIVIDUAL GOAL PLAN

APPENDIX G

GOAL PLANNING INSTRUCTIONAL MATERIALS

REVISED RATE STRUCTURE

1. Video Tape Workshops for training mental health staff, in groups of 4 to 8, in use of goal planning principles with their patients. Six, two-hour workshops are guided by video tape. Video presentations explain concepts and structure group discussions. Most of the workshop time is spent with participants working on their own cases. An associate instructor, who is physically present, guides the group discussion, hands out materials and runs the video equipment.

   a) Goal Planning in Mental Health Rehabilitation Workbooks* (Looseleaf workbook for participants -- each participant should have a copy. Copies can be re-used by replacing pages where participants write their goal plans. Agencies may insert their own forms in place of practice forms provided for writing goal plans.)

      Single copies . . . . . $5.00 ea.
      2-24 copies . . . . . 4.00 ea.
      25-or more copies . . . . . 3.50 ea.

      *Includes 1 copy of What Will Therapy Do for Me, Goal Planning Strategies for Problem Behaviors and Take A Giant Step which are used as part of the course.

      Replacement Sets
      Workbooks can be re-used by replacing pages where participants write exercises and goal plans.
      Replacement sets include exercise sheets, forms, and certificates of course completion.

      1 set $1.00
      8 sets 4.00
      100 sets 30.00

   b) Video tape: Sixty minutes of video tape are required for the twelve hours of workshop. An associate instructor's manual accompanies every tape. Copies are available in 1/2", 1" and 3/4" cassette formats. When purchasing workbooks from the Mental Health Materials Center, customers can also send a blank 60-minute video tape to Dr. Peter S. Houts, Department of Behavioral Science, M.S. Hershey Medical Center, Hershey, Pa. The workshops will be copied onto this tape at no cost.

2. The following training booklets are available separately:

   a) 1. Take A Small Giant Step* (a booklet for use by patients with space for writing their own goal plans)
      Guidelines for introducing Take A Small Giant Step to patients (a short handbook for staff)

APPENDIX G

2. What Will Therapy Do For Me* (a booklet discussing why goal planning is needed in mental health)

3. Goal Planning Strategies for Problem Behaviors* (a booklet explaining how to set goals with difficult clients)

These booklets are available at the following rates:

1-	9 copies	$ .50 ea.
10-	24 copies	.40 ea.
25-	99 copies	.35 ea.
100-	999 copies	.30 ea.
1,000-	4,999 copies	.25 ea. (A)
5,000-	9,000 copies	.20 ea. (A)
10,000 or more	copies	.18 ea. (B)

(A) Imprint of distributing agency may be arranged on outside back cover at additional cost of $5.00 per 100 copies.

(B) Imprint of distributing agency may be arranged on outside back cover at no additional cost.

*One copy also provided, at no extra charge, with each workbook ordered.

Orders amounting to less than $5.00 must be accompanied by remittance.

When accompanied by remittance, postage and handling charges will be absorbed by publisher.

Address all inquires and orders on above materials to:

Mental Health Materials Center
419 Park Avenue South
New York, New York 10016

Phone: (212) 889-5760

FARMERS HOME ADMINISTRATION

This is a loan resource. Several non-profit group home boards have been successful in obtaining loans to purchase existing homes and construction of new facilities via this resource.

For further information concerning this resource, contact your local (county) Farmers Home Administration representative. Check your local telephone directory for the address.

The following is additional information on this loan resource:

Farmers Home Administration is authorized to make loans to develop community facilities for public use in rural areas and towns of up to 10,000 people. Any community eligible for credit from commercial or cooperative sources is not eligible for a loan from the Farmers Home Administration.

All FHA offices will assist communities in preparing their applications for review.

Who May Receive Assistance?

Loans are available for public entities such as municipalities, counties, and special purpose districts. Non-profit corporations may also receive loan assistance when adequate plans for loan repayments are made.

Priority will be given to municipal borrowers in communities smaller than 5,500 people to restore a deteriorating water supply, improve, enlarge or modify a water system or an inadequate sewer system, or to merge facilities for more efficient management and economical service.

In addition, borrowers must:

1. Be unable to obtain needs funds from other sources at reasonable rates and terms.

2. Have legal authority to borrow and repay loans, to pledge security for loans, and to construct, operate and maintain the facilities or services.

3. Be financially sound, and able to organize and manage the facility effectively.

4. Base the project on taxes, assessments, revenues, fees or other satisfactory sources of money sufficient to pay for operation, maintenance, and reserve, as well as retire the debt.

5. Be consistent with available comprehensive and other development plans for the community, and comply with federal, state and local laws.

All applications will be considered without regard to the race, color, creed or national origin of members of the groups applying for assistance, and opportunity to construct, develop and use the facilities must be extended on this same basis.

How May Funds Be Used?

To construct, enlarge, extend or improve water, sewer and solid waste disposal systems or other community facilities that provide essential service to rural residents, and to pay necessary costs connected with such facilities.

Borrowers may also use the money to relocate roads, bridges, utilities and other improvements or to acquire interest in land, water rights, leases, rights-of-way and other forms of land or water control necessary to the development of the facility.

Loans normally will be available when the project is completed. For projects costing $50,000 or more, if interim financing is not possible or available, multiple advances may be made.

What Are The Time Limits?

The maximum term on all loans is 40 years. However, no repayment period will exceed any statutory limitation on the organization's borrowing authority nor the useful life of the improvement or facility to be financed.

What Is The Interest Rate?

The interest rate currently is 5 percent on the unpaid principal.

What Security Is Required?

All loans will be secured to adequately protect the interest of the Government. Bonds or notes pledging taxes, assessments, or revenues will be accepted as security if they meet statutory requirements. A mortgage may also be taken on real and personal property when state laws permit.

APPENDIX H.1

Where Will Applicants Obtain Technical Help?

The Farmers Home Administration will assist the applicant in making the first determinations regarding engineering feasibility, economic soundness, cost estimates, organization, financing, and management matters in connection with the proposed improvements.

If financing is provided, the Farmers Home Administration will make periodic inspections to see that funds are used as agreed upon and that construction meets approved standards.

Where and How Are Applications Made?

Applications for loans may be obtained at the local county offices of the Farmers Home Administration. The county office staff will be glad to discuss services available from the agency and explain how to prepare a written application. The county staff will also provide information on where the application is to be filed.

HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1974

The following is a brief description of some of the various funding resources as a result of Housing and Community Development Act Funds.

President Ford signed into law the Housing and Community Development Act of 1974 (P.L. 93-383). This is the first major housing legislation since 1968. Many of the provisions of the new omnibus bill expand federal housing assistance to the handicapped, including the developmentally disabled and mentally retarded.

The overall thrust of the new legislation is toward decentralization of decision-making authority in the federal housing program. Increased responsibility is delegated to state and local Public Housing Agencies and the Housing and Urban Development Area Offices. The Area Office in North Carolina is located in Greensboro:

Department of Housing and Urban Development
Greensboro Area Office
2309 West Cone Boulevard
Northwest Plaza
Greensboro, North Carolina 27408
telephone: (919) 378-5615

The following, hopefully, will clarify the Act, particularly those portions relative to the handicapped, and will provide grant and loan sources to those communities interested in pursuing possible funding resources for group homes.

Title I

Community Development Block Grant - The primary goal of the Community Development Program is the development of a viable urban community including decent housing, a suitable living environment and expanded economic opportunities, principally for persons with low and moderate income. In pursuit of this goal, the new program is designed to help eliminate slums, improve housing code enforcement, expand the nation's housing stock, improve the quality and quantity of community services to low and moderate income families, promote rational land utilization, increase the diversity and vitality of neighborhoods, and preserve historical properties.

Community Development Block Grants are now available to centers for the handicapped that are publicly owned. Even though there are certain restrictions as related to a community-wide facility (unless it serves the entire community of under 10,000 population) being an ineligible activity (must serve population in designated targeted area) local pursuit of CDGB funds may pay off.

The following is a reprint (National Association of Coordination of State Programs for the Mentally Retarded, Inc.) of a group home program that made use of CDGB funds by letting the city (Gallup, New Mexico) purchase the property and lease to a private non-profit group.

APPENDIX H.2

"Group Home Bought with HUD Monies"

Persistence and dedication by concerned individuals have resulted in group homes for the mentally retarded being designated as one of the funding priorities of the city of Gallup, New Mexico.

In the fall of 1974, Louis Landry, Director of the McKinley (County) Area Services for the Handicapped (MASH), learned that funds were available through the Housing and Community Development Act of 1974. He also discovered that planning and implementation at the local level and citizen input through meetings of the city council were mandated by the legislation.

A proposal was developed for the city to present to the citizens through a series of meetings in various parts of the community. The proposal described the target population, the proposed facility, staffing and treatment methods and philosophy in an attempt to create citizen awareness and support for group homes.

After receiving a favorable response from the citizens and overcoming several other obstacles, plans were completed for the city to purchase an existing residence and lease it to the MASH program for $5.00 a year. Six handicapped men, who either have jobs in the community or are working in the MASH workshop, moved into the home on October 1.

The New Mexico Developmental Disabilities Council provided initial operating funds. Future plans are to establish additional group homes with the cooperation of the City of Gallup, the U.S. Department of Housing and Urban Development, and the New Mexico Department of Hospitals and Institutions. For additional information, contact: Mr. Lewis Landry, Director, McKinley Area Services for the Handicapped, Gallup, New Mexico 87301.

Title II

Assisted Housing Section 8 (Housing Assistance Payment Program - HAP) will provide rental assistance (rent subsidy) to eligible individuals including the handicapped, based on Fair Market Rent as determined by HUD. This includes persons currently living in group homes and ICF's as well as those living in apartment complexes. This is a payment to eligible individuals "handicapped" regardless of their living arrangement - non-profit, private for profit, or person's own home (not parents or relative). "A person is considered handicapped if . . . pursuant to regulations . . . such persons is determined . . . to have an impairment which (i) is expected to be of long-continued and indefinite duration, (ii) substantially impedes his ability to live independently, and (iii) is of such a nature that such ability could be improved by more suitable housing conditions."

APPENDIX H.2

Persons approved for Assisted Housing Subsidy payment and the amount of subsidy an individual is eligible for is based on his income with the individual contributing anywhere from 15% to 25% of his earned income. Example: if a person earns $100 per month and his rent is $200 per month (and such rent does not exceed Fair Market Rent for that locale), he or she would contribute anywhere from $15 to $25 per month, based on the 15% and 25% of the individual's earned income, with HUD paying the balance. Section 8 housing assistance is an excellent funding resource for that person who can function in a less restrictive living (apartment) and no longer needs the semi-supervised group home environment. Section 8 funding would be most appropriate for a group home resident where his earnings have reached the level where his Special Assistance (SA) and Supplemental Income (SSI) have been reduced.

In essence, Section 8 would further supplement or offset the cost of the group home. The contact for further information on eligibility and an application can be obtained from your local Public Housing Authority (PHA).

Section 202 - The purpose of the Section 202 program is to provide direct Federal construction loans for housing projects serving elderly and handicapped individuals and their families. The facilities must be "designed to provide an assumed range of necessary services for the occupants . . . including health, continuing education, welfare, informational, recreational, homemaker, counseling and referral services, and transportation to needed social services." Group Homes operated by a non-profit board are eligible to apply directly for funds as developers or may enter into cooperation arrangements with other developers. Direct loans from HUD are for new construction and renovations (rehabilitation) to non-profit groups and consumers cooperatives.

Section 7 of Title II provides that public housing agencies may utilize up to 10% of the funds available to them under the Section 202 program for the elderly and the handicapped to provide Congregate Housing. The term "congregate housing" is defined as low-income housing, "(a) housing in which some or all of the dwelling units do not have kitchen facilities, and (b) connected with which there is a central dining facility to provide wholesome and economical meals" for persons who are elderly, developmentally disabled, handicapped, or displaced. The contact for this person in the HUD Area Office in Greensboro is Mr. Gilbert Priestly.

Title VIII

Miscellaneous - Special Demonstration Projects - Section 815 of the new Act authorizes $10 million for special demonstration projects to determine how best to design and structure housing for the elderly, handicapped, displaced, and other groups with special needs. The Secretary of HUD may award grants "to individuals and entities with special competence and knowledge to contribute to the planning, development, and design and management of such housing." Priority must be given to demonstrations which in HUD's judgment "involve areas of housing user needs most neglected in the past," as well as to support current research and demonstration efforts. For further information, contact the HUD Area Office in Greensboro, Mr. Jerry Pifer or Mr. John Lyle. On the federal level, contact Ms. Debbie Greenstein, Policy Development and Research, U.S. Department of Housing and Urban Development, Room 8100, 451 Seventh Street, SW, Washington, D. C. 20401, telephone (202) 755-6450.

APPENDIX H.2

There is an excellent Plan of Action for local groups and persons, describing the steps that can be taken to initiate eligibility of funds for the handicapped as published by the Governmental Affairs Office of the National Association for Retarded Citizens. This suggested Plan of Action is for Title I; however, this same plan may be used for contact involvement with the appropriate local public housing on the community level.

Action Plan #1: How to Use P.L. 93-383 Funds for Developing Community Residential Alternatives
(For use in communities elibigle for community development funds under Title I only)

1. Call your mayor's office and ask if your community is eligible for community development funds under Title I or P.L. 93-383, the new Housing and Community Development Act of 1974, or if the community is currently receiving HUD monies.

If the answer is no, DO NOT USE THIS ACTION PLAN. Use Action Plan #2.

If the answer is yes, ask for the name of the official in the mayor's office or in the local planning office who is the contact man for your community's application to HUD for community development funds. Also, determine if the above official is also responsible for developing the housing assistance plan which must, by law, accompany the application. If someone else is responsible, find out his name.

2. Contact the person responsible for developing the community development application and the housing assistance plan. (They may or may not be the same person.)

-Arrange a meeting.

-Find out when public hearings on the community development application are scheduled and plan to attend.

-If no hearings are scheduled, remind your official that hearings are required under P.L. 93-383 in order to give citizens an opportunity to participate in deciding for what activities the community's community development funds should be spent. Suggest that he call the HUD area office for more information.

-Call the HUD area office yourself and inform them that your community is failing to comply with the requirement for public hearings.

-Follow-up to be sure the hearings are held. Don't forget to attend.

3. In the meantime, familiarize yourself with the various housing assistance programs which are authorized under P.L. 93-383 (the Housing and Community Development Act of 1974). Review the program descriptions for Section 8, Section 202, and Section 7.

APPENDIX H.2

4. Call on your local housing authority (LHA).

-Ask their plans for implementing P.L. 98-383. Ask if they are involved in developing the housing assistance plan. Find out what they are up to.

-Explain to them why mentally retarded persons in your community need housing programs. Have a draft outline for developing such a program with you.

-Be specific. Be prepared to say how many units of what kind, for how many persons are needed for the first year and how many for ensuing years. Be armed with whatever data or case studies which you can put your hands on.

-Pledge your assistance in developing a housing program. Volunteer to form an advisory planning committee. Better yet, form a committee first and visit your LHA as a group, with written plans in hand.

-Ask your LHA to build or lease the required structures, with the non-profit corporation owning or managing.

-Press for a commitment.

5. If you are unsatisfied with your meeting, call your HUD area office for more information.

6. Your meeting with the community development officials:

-Ask them to familiarize you with their planning for the community development application and the housing assistance plan. Find out what mechanisms they have built in to involve citizens in developing the application and housing assistance plan. Ask to be appointed to the planning committee or volunteer to organize such a group to represent the interests of developmentally disabled persons.

-Explain why mentally retarded persons in your community need housing programs. Have a draft outline for developing such a program with you.

-Be specific. Be prepared to say how many units of what kind for how many people are needed for the first year and how many for ensuing years. Be armed with whatever data or case studies which you can put your hands on. Have a letter of support from the LHA if possible. Better yet, arrange a joint meeting between the local housing officials and the community development officials.

-Press for a commitment to include your program in the housing assistance plan.

7. Attend the public hearings. Participate.

-Prepare your remarks beforehand. Determine the format of the meeting prior to your arrival, so that you can make your presentation in the most effective way.

APPENDIX H.2

-Explain why retarded persons in your community need housing programs. Pledge your commitment to developing them. Press to have your proposal included in the housing assistance plan. Remember that HUD approval of any future housing projects will depend on their being "consistent" with your community's housing assistance plan.

8. Visit the official responsible for the housing assistance plan again. Offer any technical or other assistance in documenting need, providing necessary data, etc. BE SURE THAT THE INTERESTS OF MENTALLY RETARDED PERSONS ARE INCLUDED IN THE FINAL HOUSING ASSISTANCE PLAN. HUD APPROVAL OF FUTURE HOUSING PROGRAMS IS CONDITIONAL ON THEIR BEING "CONSISTENT" WITH THE PROPOSALS DESCRIBED IN THE HOUSING ASSISTANCE PLAN.

9. If time or resources do not make it possible to provide the planning agency and local housing authority with a sufficiently detailed assessment of needs and plan for meeting these needs, concentrate instead on developing a general outline and request that the housing assistance plan forwarded to HUD contain a "saving clause" which reserves the right to provide supporting information and detailed plans at a later date.

Action Plan #2: How to Use P.L. 93-383 Funds for Developing Community Residential Alternatives
(For use in communities not participating in Title I, P.L. 93-383)

1. Call your mayor's office AND ask if your community is eligible for community development funds under Title I or P.L. 93-383, the new Housing and Community Development Act of 1974.

If the answer is no, arrange a meeting with your local housing authority.

If the answer is yes, see action plan #1.

2. In the meantime, familiarize yourself with the various housing assistance programs which are authorized under P.L. 93-383 (the Housing and Community Act of 1974). Review the program descriptions for Section 8, Section 202, and Section 7.

3. Call on your local housing authority (LHA).

-Ask their plans for implementing P.L. 93-383. Find out what they are up to.

-Explain to them why mentally retarded persons in your community need housing programs. Have a draft outline for developing such a program with you.

-Be specific. Be prepared to say how many units of what kind, for how how many persons are needed for the first year and how many for ensuing years. Be armed with whatever data or case studies which you can put your hands on.

-Pledge your assistance in developing a housing program. Volunteer to form an advisory planning committee. Better yet, form a committee first and visit your LHA as a group, with written plans in hand.

-Ask your LHA to build or lease the required structures, with the ARC or a specifically formed non-profit corporation owning or managing.

-Press for a commitment.

4. If you are unsatisfied with your meeting, call your HUD area office for more information.

APPENDIX I.1

SAMPLE AGREEMENT BETWEEN AREA MENTAL HEALTH PROGRAM AND REGIONAL MENTAL HEALTH OFFICE FOR GROUP HOME GRANT

A. PROGRAM:

_____ Regional Mental Health Office hereby agrees to grant the _____ Area Mental Health Program the sum of $_____ as a grant-in-aid for the development of a group home. The money may be used by the _____ Area Mental Health Program in any appropriate manner relative to the development and operation of the group home. _____ Regional Mental Health Office will also provide consultation to the _____ Area Mental Health Program in such areas as is needed. This will involve consultation on finances, development of the physical facility, and program consultation.

The _____ Area Mental Health Program hereby agrees to provide the necessary supervision of the home, including the management and employment of the staff needed to operate the group home. The Area Mental Health Program shall designate one person to serve as the Area Mental Health Group Home Coordinator. The _____ Area Mental Health Program also agrees to make a report of expenditures and a progress summary at the end of the grant period. The report will show a full accountiny of the funds granted by this grant-in-aid, and at the end of the period, all unexpended funds will be returned to _____ Regional Mental Health Office. Group Home Grant funds from _____ Regional Mental Health Office are considered supplementary to all other funds received by the Group Home; therefore, all unexpended funds from all sources shall be taken into account for purposes of reimbursement of unexpended funds to _____ Regional Mental Health Office. Necessary assistance in the areas of purchasing, renovations, leasing and similar operations will also be furnished by the _____ Regional Mental Health Office, upon request.

The _____ Area Mental Health Program shall abide by the Minimum Standards-Group Homes for Mentally Retarded Adults, as adopted by the North Carolina Division of Mental Health Services.

The _____ Regional Mental Health Office and the _____ Area Mental Health Program agree that a minimum of one-half (1/2) of the residents living in the Group Home shall be residents of _____ Regional Mental Retardation Facilities. However, if at a given time there are not sufficient qualified applications for admission from the area, the number of residents coming from the Regional Facilities or the community may be less.

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B. GENERAL PROVISIONS:

1. Length of Agreement: _____

2. Amount of Agreement: $_____

3. Method of Payment: Method of payment will be in accordance with current Regional Mental Health Office Policy.

4. This program will be carried out by the _____ Regional Mental Health Office; however, the _____ Area Mental Health Program may elect to contract to a non-profit, non-governmental third party for administration and operation of the Group Home. However, the _____ Area Mental Health Program will be held accountable for program and funds to _____ Regional Mental Health Office.

5. This agreement may be terminated at any time upon mutual consent of both parties when one of the contracting parties gives thirty (30) days notice of termination.

6. If at any time during the duration of this agreement the _____ Area Mental Health Program feels that they cannot reasonably carry out the duties herein, all interested parties shall be called together to discuss modification or possible termination of the agreement. Upon termination of the agreement, the _____ Area Mental Health Program agrees that all equipment purchased with Mental Health monies shall be the property of the Regional Mental Health Office who shall hold said property for the benefit of mentally retarded persons.

7. Mental Health Group Home grant funds cannot be used to support those eligible residents receiving Social Security Administration Supplemental Security Income (SSI) and State and County Special Assistance (SA) payments administered by the County Department of Social Services for room and board services.

8. A Group Home grant requesting supplement funds to provide a quality program will be made available for fiscal year _____ pending:

   a. Satisfactory fulfillment of this grant.

   b. Approval of group home funds by the North Carolina General Assembly requested by Regional Mental Health Office and the North Carolina Division of Mental Health-Mental Retardation Section.

9. The _____ Area Mental Health Program will be responsible to see that necessary and required insurance is provided through its agreement with the third party contractee, if applicable.

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10. Both Parties agree to comply with Title II of Civil Rights Act of 1964 (P.L. 88352) and all requirements imposed by or pursuant to the regulations of the Department of Health, Education and Welfare (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that act and the Regulation, no person served by the facility or its staff shall, on the grounds of race, color or national origin be excluded from participation in, be denied the benefits of or be otherwise subjected to discrimination under any program or activity.

_____ REGIONAL OFFICE	_____ AREA MENTAL HEALTH BOARD
_____	_____
DIRECTOR	DIRECTOR, AREA MENTAL HEALTH PROGRAM
_____	_____
REGIONAL DIRECTOR for BUSINESS ADMINISTRATION	CHAIRMAN, AREA MENTAL HEALTH BOARD

DATE: _____

APPENDIX I.2

SAMPLE AGREEMENT BETWEEN AREA MENTAL HEALTH PROGRAM AND NON-PROFIT BOARD

The _____ Area Mental Health Program enters into the following agreement with the (Non-Profit Board) _____ for the development and operation of a Group Home for Developmentally Disabled Adults.

The _____ Area Mental Health Program has entered into an agreement with _____ Regional Mental Health Office, wherein, _____ Regional Mental Health Office has agreed to provide the _____ Mental Health Program the sum of $_____ as a grant-in-aid for the development of a Group Home for Developmentally Disabled Adults. This agreement extends over the period _____, through _____. By the terms of the agreement between the Regional Mental Health Office and the Area Mental Health Program, the _____ Area Mental Health Program has consented to provide the necessary supervision of the home, including the management and employment of the staff needed to operate the Group Home. The Area Mental Health Program shall designate one staff member to serve as the Area Mental Health Office Group Home Coordinator. However, the _____ Area Mental Health Program has elected to contract to a third party for administration and operation of the Group Home. Having entered into the above-stated agreement with _____ Regional Mental Health Office, the _____ Area Mental Health Program herein agrees to contract with the (Non-Profit Board) _____, a non-profit corporation, for management and supervision of the Group Home for Developmentally Disabled Adults. The Area Mental Health Program agrees to provide an advisor to the Non-Profit Board to assure that appropriate standards and contract agreements are fulfilled.

The (Non-Profit Board) _____ shall abide by the Minimum Standards - Group Homes for Mentally Retarded Adults as adopted by the North Carolina Division of Mental Health Services.

The (Non-Profit Board) _____ and the _____ Area Mental Health Program agree that a minimum of one-half (1/2) of the residents shall be transferred from the Regional Mental Retardation Facility or Regional Mental Hospital. However, if at any time there are not sufficient qualified applications for admissions to the Group Home, the number of residents coming from the Regional Facilities or the community may be less.

The (Non-Profit Board) _____ agrees to operate a Group Home for Developmentally Disabled Adults at such location and in such a manner as shall meet the approval of all licensing agencies and which shall meet the approval of the _____ Area Mental Health Program. More specifically, the (Non-Profit Board) _____ agrees to provide the necessary full-time supervision of the home, including the management and employment of the staff needed to operate the Group Home. The (Non-Profit Board) _____ also agrees that its books shall remain open to inspection

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and/or audit by representatives of the _____ Area Mental Health Program and the Regional Mental Health Office fiscal officer or his representative at any time. The (Non-Profit Board) _____ agrees to provide annually a full certified accounting of all funds received and expended for this facility. In the event that there are unexpended grant-in-aid funds on June 30, _____ Regional Mental Health Office will be reimbursed all unexpended funds.

Mental Health Group Home grant funds cannot be used to support those eligible residents receiving Supplemental Security Income (SSI) administered by Social Security Administration and State and County Special Assistance (SA) payment administered by the County Department of Social Services for room and board services.

Both parties agree to comply with Title VI of Civil Rights Act of 1964 (P.L. 88352) and all requirements imposed by or pursuant to the regulations of the Department of Health, Education and Welfare (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that act and the Regulation, no person served by the facility or its staff shall, on the grounds of race, color or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity.

If at any time during the duration of this agreement the (Non-Profit Board) _____ or Area Mental Health Program feels that they cannot reasonably carry out the duties herein, all interested parties shall be called together to discuss modification or possible termination of the agreement.

Upon termination of the agreement, the (Non-Profit Board) _____ agrees that equipment purchased with Mental Health monies shall be the property of the Regional Mental Health Office, who shall hold said property for the benefit of mentally retarded persons.

_____ AREA MENTAL HEALTH PROGRAM _____ (NON-PROFIT BOARD)

_____ _____

CHAIRMAN, AREA MENTAL HEALTH BOARD , PRESIDENT

_____ _____

AREA DIRECTOR , TREASURER

DATE: _____

APPENDIX I.3

AGREEMENT BETWEEN THE AREA MENTAL HEALTH BOARD AND A PRIVATE NON-PROFIT BOARD FOR PURCHASE/CONSTRUCTION FUNDS

In order to receive funds from the State of North Carolina, Department of Human Resources, Division of Mental Health Services, for a down payment for the purchase/construction of a group home, the _____Area Mental Health Board and _____, a private non-profit board, do hereby agree as follows:

A. That the _____ Area Mental Health Board:

1. Shall make written application to the _____ Regional Office of the Division of Mental Health Services in _____, North Carolina, for a non-matching grant in the amount of $_____.

2. Shall offer all available assistance to _____, a private, non-profit board in locating, negotiating, and purchasing of the home.

B. That the _____ Non-Profit Board:

1. Shall locate and determine the exact purchase price of a suitable facility.

2. Shall obtain two appraisals of value of real property from independent realtors or lending institutions. The lowest of which will be used in determining the amount available from the State of North Carolina.

3. Shall obtain (new construction grants) two construction bid contracts from two building contractors.

4. Shall check and obtain written verification from the Division of Facility Services that the facility can meet specifications as a group home, with specified modifications to meet said license.

5. Shall check with appropriate local governmental authority and obtain written verification that the location of the proposed group home meets all zoning requirements.

6. Shall apprise Area Mental Health Board of any suitable facility available and reach a joint accord on suitability of facility.

7. Shall abide by all applicable rules, regulations, guidelines, and statutes of the Area Mental Health Board, Division of Mental Health Services, State of North Carolina, and the United States. If the grantee fails to abide by these regulations, guidelines, standards and statutes, the grant funds shall be reimbursed in the full amount to the State of North Carolina, Division of Mental Health Services.

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8. Shall upon purchase maintain adequate insurance, which is to be determined as 80% of replacement cost, for the facility. If building is destroyed by fire or natural disaster, the insurance shall be used to replace the building upon concurrance of Division of Mental Health Director. If the building is not replaced, the insurance proceeds will first be used to return to the State of North Carolina, Department of Mental Health Services the exact amount of the Mental Health purchase/construction grant.

9. Shall be responsible for upkeep and normal maintenance of the property.

10. Shall allow inspection of the property by Area Mental Health Board employees, Department of Human Resources employees, or any other agency and/or person having licensure responsibilities for said facility to review and inspect at reasonable intervals and at a reasonable time of day.

11. Shall be solely liable for all acts or actions by the board and hold the Area Mental Health, Department of Human Resources, Division of Mental Health Services, and State of North Carolina secure from harm of suit or liability resulting from any such acts or actions.

12. Shall upon disposal of real property or cessation of use of property as a Group Home for adult mentally retarded, return to the Area Mental Health Board for return to the State of North Carolina the exact amount of the Mental Health purchase/construction grant.

SUSPENSION OR TERMINATION

This agreement may be suspended or terminated for cause presented by either party or by mutual agreement of both parties, provided written notice of intent of such suspension or termination is given sixty (60) days prior to the effective date of such suspension or termination. In the case of suspension or termination, _____ shall return to the _____ for return to the State of North Carolina, Division of Mental Health Services the exact amount of the Mental Health purchase/construction grant.

The parties hereunder signed have executed the agreement to be effective the _____ day of _____, 19____.

AREA MENTAL HEALTH:

_____
Chairman, Board of Directors

_____
Area Director

_____
Date of Signature

_____
Chairman, Board of Directors

_____
Date of Signature

GUIDELINES FOR EMPLOYMENT OF GROUP HOME ADMINISTRATOR

In order to facilitate the initial development and operation of an adult group home for the mentally retarded, the following general policy statement and guidelines are offered whereby those area mental health offices and non-profit corporations may apply for mental health group home grant funds to cover certain administration costs.

The standards for group homes (Group Home for Mentally Retarded Adults - Minimum Standards) require that the area mental health office shall designate a person to serve as the area mental health center group home coordinator. The duties and responsibilities of this designated person is described in detail in the Group Home Procedure Manual - (Appendix K.2); however, in certain cases, the designated area mental health group home coordinator has other major responsibilities and in some cases this person must serve a multiple county area.

Likewise, the make up of the non-profit corporation board generally lacks persons who have the resources and time available to provide the support services necessary for the successful operation of a group home.

Therefore, the following guidelines are an attempt to provide a mechanism whereby those communities who lack the adequate resources (manpower) necessary in the development and operation of a group home.

1. Mental health group home grant funds can be approved to employ a group home administrator to coordinate and manage (organize, implement, and develop) the operation of a group home.

2. Request for group home administrator funds shall be applied for by the area mental health program.

3. The area mental health program shall approve the request for a group home administrator position.

4. Funding of the group home administrator shall be approved by the regional mental health office.

5. The group home administrator shall be responsible to the non-profit board (unless a governmentally operated home). In order to allow some degree of flexibility, the non-profit board may designate the group home administrator to be responsible to and supervised by the area mental health program if desired by both parties.

6. The group home administrator shall not serve as an official member of the non-profit board.

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7. The group home administrator salary shall not exceed ~~$1,800~~ 2,400 per home annually. Salary for less than one year shall not exceed ~~$150.00~~ 200.00 per month.

8. The area mental health program and the private non-profit board shall spell out in writing the relationship (areas of responsibility and overlap) between the group home administrator and designated area mental health group home coordinator.

The group home administrator of a private non-profit board and the designated area mental health program group home coordinator (generally the area mental health mental retardation specialist) shall act as agents of their respective organizations through which a contract for group home services shall be carried out. The general relationship to each other shall be that of an agent for the contractor (private non-profit board) and agent for the contractant (area mental health program), both implementing the responsibilities agreed to by their agencies.

The responsibilities of the contractant and the contractor are spelled out in the Mental Retardation Services Minimum Standards for Group Homes for Mentally Retarded Adults.

It should be noted that group home administrator position shall not at any time be construed as a substitute for the position of area mental health mental retardation specialist/area mental health group home coordinator.

(See Appendix K.2 "Job Responsibilities of Group Home Administrator")

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GUIDELINES FOR THE PURCHASE/CONSTRUCTION OF COMMUNITY BASED GROUP HOMES FOR MENTALLY RETARDED ADULTS

I. INTRODUCTION:

The advent and success of Group Homes for mentally retarded adults in North Carolina has become evident within the past two years. In July, 1973, there was a total of two group homes (those homes utilizing mental health funds) in our state. Presently there are 54 Group Homes operational with additional homes projected in the next budget cycle. Success can be seen in the appropriation of funds by the North Carolina General Assembly of $425,000.00 in 1973, with an increased appropriation of $400,000.00 in 1974, and $100,000.00 in 1975, for a total of $925,000.00 this fiscal year (1975-76).

Along with this success there have been numerous problems in the Group Home movement such as: standards relating to physical plants that are inappropriate and restrictive to the normalization principle; local zoning ordinance; local fire and building codes; community (citizen) resistant to having such a facility in their neighborhood; state sanitation codes; federal and state supplemental funding for certain eligible persons; availability of local resources for activity programs; and etc.

Many of the above problems have been or are in the process of being eliminated or solved; however, one problem needing attention is the inability to use the group home funds as a down payment for the purchase of a facility (home) which has resulted in major difficulties in establishing group homes.

1) Suitable rental and homes for lease are difficult to find.

2) Long-term leases are very difficult to negotiate with owners.

3) Short-term leases result in a lack of stability for the program and the residents of the home.

4) Costly renovations are done in order to meet physical structure standards, state and local safety and fire codes, with high risk loss of the home when lease expires.

5) Parents of residents are reluctant to allow their offspring to reside in a group home when the stability of the home is so tenuous.

6) Residents do not feel secure and are uprooted when lease termination necessitates a move with concommittant readjustment to a new neighborhood.

The following guidelines shall: (a) allow group home funds to be used for a down payment toward the purchase of a house; and (b) allow funds to be used for initial cash outlay for new construction.

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Rationale for item (b); there have been several instances where valuable vacant property has been offered to groups for the sole purpose of construction of a group home.

Hereafter we shall refer to this program as "Group Home Purchase/ Construction Grant."

II. GUIDELINES FOR GROUP HOME PURCHASE/CONSTRUCTION GRANT:

1. Project begun January 1, 1976
(No more than four pilot demonstraction projects this fiscal year in order to familiarize ourselves with the process).

2. A maximum of $80,000 of state appropriated Division of Mental Health Services Group Home funds for the Mentally Retarded Adult shall be allowed as down payment for Group Home Purchase/ Construction Grants annually.

3. A maximum of $20,000 in each of the four Mental Health Regions shall be allowed as down payment for Group Home Purchase/ Construction Grants annually.

4. The Area Mental Health Program (public operated group home) or the Incorporated Private Non-Profit Board (privately operated group home) shall be eligible for a Group Home Purchase/ Construction Grant.

5. The Area Mental Health Program shall approve a Private Non-Profit Board for a Group Home Purchase/Construction Grant.

6. The Regional Mental Health Office shall approve the Area Mental Health Program or Private Non-Profit Board for a Group Home Purchase/Construction Grant.

7. Group Home Purchase/Construction Grant shall:

   a. not exceed $5,000 per grant per home or exceed 15% of the appraised value of home and property whichever is less.

   b. not exceed $5,000 per construction grant (new home) or exceed 15% of the total construction cost of the home (new home) which is less.

   c. not be used for the purchase of vacant land. If a house is found for purchase and the lot exceeds two acres in size, special permission shall be obtained from the Director, Division of Mental Health Services to purchase same.

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8. The Area Mental Health Program shall submit two property appraisals to the Regional Mental Health Office for their review and approval prior to purchase.

9. If new construction grant is requested, the Area Mental Health Program shall submit two construction bid contracts from two building contractors to the Regional Mental Health Office for their review and approval prior to construction bid letting.

III. TERMINATION OF PROGRAM

Should for some reason the Area Mental Health Program or Non-Profit Board make a decision to close the group home and discontinue the operation of said program (dispose of real property), the Area Mental Health Program and/or Non-Profit Board shall refund the exact amount of the original Group Home Purchase/Construction Grant to the State of North Carolina with no accural of interest.

A legally binding contract shall be developed by the Area Mental Health Program to cover the salient points relative to the Group Home Purchase/ Construction Grant Termination Clause. (See Appendix J.3)

GUIDELINES FOR GROUP HOME LEASE

The signing of a lease by a non-profit board of directors for property to use as a group home is no less important than the signing of a similar lease by an individual. The lease serves to protect the non-profit board and the Area Mental Health Program just as it serves to protect the owner. Each lease is different because it involves different property and a different set of circumstances. For this reason, form leases should not be used and at no time should a "sample" lease be copied and used for leasing property.

In all cases, the non-profit board and Area Mental Health Program lease should be prepared by an attorney experienced in real estate transactions. The lease should speak to no less than the following subjects. It should also speak to any circumstances peculiar to the specific property not listed here.

1. Parties

All parties to the lease must be clearly identified. The owner(s) should be designated as the "lessor(s)" and the non-profit board and Area Mental Health Program as the "lessee." ("Landlord" and "tenant" may be substituted for lessor and lessee.)

2. Length of Term and Property Description

The exact dates of the beginning and end of the lease should be given. Any options for renewal or purchase and any methods of termination or renewal should be set forth.

3. Property

The mailing address of the property and a description of the property should be given. In lieu of a metes and bounds description, it is satisfactory to show lot and block numbers and the book and page numbers of deed recordation.

4. Purpose

The proposed use and occupancy of the property should be stated. Any restrictions on use should be stated. The intended use of the property should be clearly stated. The statement should contain such uses as a home, living skills training and social adjustment for the mentally retarded, mentally handicapped, and physically handicapped persons. Extreme care should be taken to avoid describing the proposed use in such a manner that a zoning board might rule the home constitutes a rest home, institution, or nursing home. Check local zoning regulations on permitted and prohibited uses. The proposed use should emphasize use of the property as a home.

5. Rental

The monthly rental amount and the date each monthly payment is to be made should be clearly defined. If there are penalties for late payment or provisions for pro-rating the rent, they should be set forth.

6. Taxes

The lease should contain a statement to the effect that the lessor shall pay all real estate taxes and assessments levied or assessed upon the leased premises.

7. Payment of Encumbrances

The lease should provide a statement allowing the lessee to pay overdue taxes, assessments, or other encumbrances out of funds the lessee would normally pay as rent. This is an important provision as it guards against possible foreclosure of the property for non-paid encumbrances.

8. Utilities

The lease should state the responsibility for payment of utility bills. Usually this is the responsibility of the lessee.

9. Improvements

The lease should contain a statement giving the lessee authority to make all improvements, repairs, alterations, and renovations upon the premises in order for the said premises to be satisfactory for licensure for the uses and purposes indicated by No. 4 by all the proper state and local governmental authorities. The statement should further indicate that said improvements are to be made at the expense of the lessee if this is what the lessee desires.

10. Ownership of Improvements, etc.

The lease should contain a statement that all improvements become the property of the lessee, even though attached to the building of the lessors in a permanent manner, and shall remain the property of the lessee and be the same as personal property for all purposes. The statement should further indicate that, if the lease is terminated, all improvements will be removed from the premises within fifteen (15) days after termination by the lessee if the lessee desires to remove same.

11. Assignment

The lease should contain a statement permitting the lessee the right to assign the lease in whole or in part and the right to sublet the premises, in whole or in part, without the consent of the lessors, provided the assignment and/or sublease is consistent with the uses described in No. 4.

APPENDIX J.3

12. Nuisance

The lease should contain a statement forbidding the lessee from engaging in any unlawful business or use of the said premises and from maintaining any nuisance on said premises.

13. Destruction of the Building

The lease should contain a statement which protects the lessee in case of total or partial destruction of the building in a nature or extent that repairs necessary for continuation of uses as described in No. 4 or for continued licensure cannot be made within a period of fifteen (15) days. If this should occur the lease should give the lessee the right to terminate the lease (if he so desires) within fifteen (15) days and rent payments shall be required only for the period ending with lessee's termination of the lease. If the repairs can be made within the fifteen (15) day period, the lessee shall not be liable for rent for those days when the building could not be occupied by the lessee, but shall be liable for rent upon re-occupying the premises, assuming lessee does not give notice of termination.

14. Insurance

The lease should contain a statement requiring the lessors to keep the said premises insured against fire in a sum equal to the replacement cost of the building (or buildings). The lease should state that the lessor shall be responsible for paying premiums on said policy or policies and shall produce said policies and receipts for payment of premiums last paid upon demand by lessee. The lease should further require the lessors to use, in case of destructions covered by the policy, all insurance monies received to make repairs to the premises. The statement should indicate exceptance to be made in the event the lessee elects to terminate the lease. If lessor does not agree to purchase insurance, lessee may do so and insure its tenancy interests.

Any insurance which the lessee might desire on the renovations, improvements, or furnishing of the building(s) shall be taken out by the lessee and all premiums for such insurance shall be paid by the lessee. (The lessee should definitely provide for fire insurance equal to replacement costs of all furnishings, improvements, etc., made by the lessee.)

NOTE: Lessee should purchase public liability insurance to insure against injury claims by visitors, general public, etc., if injury occurs on premises. This type of insurance is available as part of tenants' insurance.

15. Renewal (See No. 2 above.)

The lease should indicate the term of the lease and any provision for renewing the lease at or before its expiration at the option of the lessee. (A two-year lease is desirable with provision to extend the lease one year for five or more additional consecutive years at the option of the lessee.)

If possible, the statement should indicate that renewals can be made at the same rent amount as the original monthly amount. Some of our group homes have one-year leases. Obviously, this is too short a term. Some have five-year leases. This is too long. If the home or lessors prove to be unsatisfactory, the board is obligated to pay the rent for five years. Or, perhaps the board decides to rent or purchase a home at another location, the board is still liable for rental payments for five years. Since most lessors will not accept a lease that can be terminated at the will of the lessee, a major reason for termination of the lease by the lessee is failure by the State to provide funds for continued operation of the home. The lease should provide for termination if state funds are denied.

The date of the original lease should be stated. Also, the renewal dates should be included in the original lease. A provision should be made requiring the lessee to notify the lessors in writing of intention to terminate the lease, or to renew it, at least thirty (30) days prior to the termination of the existing lease.

16. Repairs

The lease should contain a statement placing responsibility for repairs, maintenance, and replacements. The roof and the heating plant are items of major expense to repair, maintain, and/or replace. If there is a well and/or septic tank, these can be a major source of expense. Definitely, all of these items should be the responsibility of the lessors. If there is an existing water heater, this should be an item for which the lessors are responsible. Usually, in the case of group homes, it may be satisfactory for the lessee to assume responsibility for repair and maintenance of the interior of the house; also, for items installed by the lessee in the original renovation of the house.

17. Quiet Enjoyment

The lease should contain a statement indicating that so long as the lessee pays the rent and observes all provisions of the lease, the lessee shall be permitted to quietly enjoy the premises.

18. Option to Purchase

The lease should contain a statement that, should the premises be offered for sale, said sale is to be made subject to all the provisions of the lease. The lease should require that the lessee be given a sixty (60) day option to purchase the premises in the event the premises are offered for sale. The asking price to the lessee should not be higher than the publicly advertised asking price of the premises.

19. Notices

The lease should contain a statement indicating where registered mail sent by either party may be received by the other party, subject to either party having the right to establish a new address provided the party notifies the other party, by registered mail, of the change of address.

APPENDIX J.3

20. Continuation of Responsibilities

The lease should contain a statement indicating that the terms of the lease shall extend to, and be binding on, the representatives, heirs, executors, administrators, successors, and assigns of the respective parties.

21. Lessee's Right to Cancel

The lease should contain a statement giving the lessee the right to terminate the lease if the State of North Carolina fails to appropriate funds for continuation of the terms of the lease.

22. Forfeitures

The lease should provide that the lessee will surrender premises within a set period of time after it breaches lease.

23. Signatures

The lease should be signed by the lessor(s) and the president of the non-profit board. The secretary of the non-profit board should attest to all the signatures. All signatures should be notorized.

24. Recordation

The signed lease should be recorded in the Office of the Register of Deeds of the county where the property is located.

The State of North Carolina entrusts, in most cases, a considerable sum of money to renovate, furnish, and operate a group home. Therefore, it is the express responsibility of the non-profit board and Area Mental Health Board to carefully review a lease prior to authorizing its president to sign the lease. The rights of the non-profit board and Area Mental Health Program must be protected.

The agreed upon rental for a group home should be decided upon, based on the existing condition of the buildings and premises. Since renovations and repairs, in most cases, are made at the expense of the group home board, the anticipated physical condition of the buildings and premises after the proposed renovations and repairs have been made should not in any way influence the amount of rent agreed upon by the board.

Renting of a property for use as a group home represents negotiations between two parties. In some cases, compromises must be made. However, in all instances it is the express responsibility of the non-profit board or Area Mental Health Program to negotiate with care and good judgment. Protection of the group home board is of primary consideration.

APPENDIX K.1

JOB RESPONSIBILITIES OF GROUP HOME MANAGER

The Group Home Manager is responsible for living in with residents and for supervising their daily routine in the living facility. These responsibilities include the following:

(1) Provides a normalized atmosphere appropriate to the needs of the residents.

(2) Assures that the residents have opportunities to participate in community activities.

(3) Provides specific training to the residents based upon program plans involving skills in household chores and responsibilities.

(4) Mediates between residents and environment assuring that the "least restrictive environment" is available, in order to help residents improve capabilities for independent living.

(5) Keeps abreast of residents' activities outside the home such as the sheltered workshop or activities programs and integrates "in-home" activities and training with these programs.

(6) Helps arrange for visitors to the home and for residents' visits outside the home with families and friends.

(7) Keeps in close contact with families and encourages their involvement in programming when appropriate.

(8) Develops activities and situations within the home which encourages interaction among the residents.

(9) Maintains periodic financial and program information for the residents.

(10) Maintains close contact with the Area Mental Health Group Home Coordinator, carries out recommended programming, and refers problems to the Area Mental Health Group Home Coordinator when necessary.

(11) Acts as advocate for residents in protection of their legal rights.

(12) Keeps abreast of various medications used by the residents, assists the residents in taking medications and teaches residents the proper use of such medications and how to take medications independently.

(13) Understands dietary needs of residents and prepares meals in accordance with individualized needs.

(14) Housecleaning and giving instructions to residents on their responsibilities in household chores.

(15) Maintains general upkeep of the home and yard, including making arrangements for necessary repair work.

(16) Helps residents with appointments such as doctor, dental, hair dressers, etc., and sees that residents make these appointments on time.

(17) Provides or arranges transportation for residents to and from employment, personal appointments, shopping trips, recreational activities, and other events.

(18) Assists residents in the development of personal care and hygiene habits such as cleanliness, grooming, dressing, etiquette, and social relationships.

(19) Participates in in-service training and other conferences related to assigned duties.

(20) Provides day-to-day counseling with residents appropriate to the program plans.

(21) Assists the residents in learning good money management and banking skills.

(22) Knows the medical needs of the residents and about emergency procedures which may be required.

(23) Maintains adequate supplies of clothing, personal, and household supplies.

JOB RESPONSIBILITIES OF GROUP HOME ADMINISTRATOR

The Group Home Administrator of the Group Home will supervise the day-to-day operation of the group home. The Group Home Adminsitrator has among his/her responsibilities the following:

(1) To work with the Area Mental Health Group Home Coordinator in assessing the need for new group homes and the expansion and improvement of existing group homes. This includes the location of suitable real estate for group homes, necessary renovations, and equiping and staffing group homes.

(2) To keep group homes and equipment in good repair.

(3) To work directly with the Department of Social Services concerning the various standards which must be met by the homes.

(4) To serve as liaison within the community and with other agencies serving group home residents.

(5) To work with the various committees on budget preparation and execution, routine operating procedures, and personnel administration.

(6) To be responsible for personnel matters pertaining to the management of the group homes and for hiring new personnel for the homes.

(7) To work with the Area Mental Health Group Home Coordinator to secure counseling and casework services for the group home staff, residents, and families of residents.

(8) To see that the residents are receiving all financial benefits for which they are eligible.

(9) To maintain constant awareness of the needs of the group home residents and the resources available to meet these needs.

(10) To work with the Admissions Committee in the selection and discharge of residents.

(11) To enter into agreements and make purchases, commitments, and expenditures in accordance with the budget.

(12) To make periodic financial reports, progress reports, etc., to the Board of Directors and to other agencies as required by contract or licensing standards.

(See Appendix J.1 "Guidelines for Employment of Group Home Administrator")

APPENDIX L

SUGGESTED EQUIPMENT LIST

Bedroom furnishings - for each resident:

- bed (twin)
- mattress (twin-size)
- box springs (twin-size)
- pillow
- sheets (twin-size - 2 fitted bottom and 2 top)
- pillow cases (2)
- mattress pad
- blankets (2)
- towel sets (2 bath towels, 2 hand towels, 4 washcloths)
  Suggested linens be color-coded for each resident.
- bedspread
- draperies (to match bedspread) and rods
- alarm clock (1 per room)
- chair
- lamps (1 for night stand and 1 for dresser)
- dresser or chest of drawers, with mirror
- night stand
- wall accessories to compliment rest of furnishings in room
- tray to put cosmetics, etc., on - optional
- carpet
- towel racks
- wastebasket

  Note: Encourage resident to bring own radio, stereo, tape player.

Bedroom furnishings - for Home Director(s)

- bed (double)
- mattress (double)
- box springs (double)
- pillows (2)
- sheets (double - 2 fitted bottom and 2 top)
- pillow cases (4)
- mattress pad
- blankets (2)
- towel sets (4 bath towels, 4 hand towels, 8 washcloths)
- bedspread
- draperies (to match bedspread) and rods
- alarm clock
- comfortable chair
- lamps (at least 2)
- dresser, with mirror
- chest of drawers
- night stand
- wall accessories to compliment rest of furnishings
- carpet
- wastebasket

APPENDIX L

Bathroom furnishings -

towel racks
bathmat (2 per bath)
toilet lid cover
shower curtains
curtains (to match shower curtains) and rods
clothes hamper (1 per bath)
scales - optional
hair dryer - optional
night light
tub mat
waste baskets
toilet brush and holder

Dining room furnishings -

table (large)
chairs
pad for table
table cloths (at least 1 plastic and 2 linen, with matching napkins)
place mats
draperies and rods
wall accessories to compliment rest of furnishings
carpet
desk (to double as serving table)

Kitchen furnishings -

curtains and rods
refrigerator
freezer
range with hood and fan
dishwasher
garbage disposal - optional
washer
dryer
stainless flatware
double boiler (2 qt. or larger)
saucepans with cover (1 qt., 2 qt., 3 qt., and 5 qt. size)
Dutch oven (5 qt.) with cover
fry pan (10") with cover
small fry pan
electric toaster (4-slice)
iron (steam and dry)
ironing board, with cover
blender

APPENDIX L

Kitchen furnishings -

8 to 30 cup perculator
4 to 10 cup perculator
bread box
canister set (to match bread box)
cake saver
ice cream maker - optional
silverware dividers (plastic)
popcorn popper
step stool
dishes (number of place settings depends on number in home)
cookie jar
round cake pans
roasting pan (large)
muffin pans
portable electric mixer
electric can opener
waffle iron/grill
cake pan, 9 x 9
cake pan, 9 x 13
cake rack
cookie sheets
butter dish (with cover)
juice glasses
8-oz. glasses
dishdrainer with mat
dish pan
collender
2-cup measuring cup
1 set measuring spoons
1 set measuring cups
ash trays
loaf pans
9" pie plates
wooden spoons
teflon spoons
"Ekco" set - ladle, fork, spoon, long-handle turner, etc.
large plastic juice container(s)
egg slicer
napkin holder
pot holders, including at least 2 mitts
dishcloths (12)
dish towels (12)
terrycloth hand towels
rolling pin
ice cream scoop
bottle opener
hand can opener
spatula
kitchen shears
potato peeler
grater

APPENDIX L

Kitchen furnishings -

strainers (at least 1 small for tea, and 1 large)
vegetable brush
pastry brush
hot dish mats
kitchen clock
paper towel holder
pizza pan and cutter
covered plastic bowls (various sizes)
freezer containers (plastic, various sizes)
cutting board
set of sharp knives (various sizes)
cook book
teapot
tea kettle
salt and pepper shakers
stainless steel bowls (6 qt., 3 qt., 2 qt., 1 qt. sizes)
large wooden salad bowl, with individual bowls
casserole dishes
3 refrigerator thermometers (1 for refrigerator, 1 for top freezer, 1 for freezer)
meat thermometer
deep fat thermometer
tongs
vacuum cleaner with attachments
floor mop
broom
dust mop
dust pan and brush
bucket(s)
waste paper basket
toilet bowl brushes
clothes basket and clothes pins
clothes line
ash trays

Living room furnishings -

sofa (large; durable fabric)
chairs (3 or more)
TV
stereo - optional
throw pillows
end tables
coffee table
lamps, table
lamps, floor
draperies and rods
wall accessories to compliment rest of furnishings
carpet
ash trays

APPENDIX L

Gardening and out-of-doors equipment and furniture -

- lawn mowers
- hedge trimmers
- grass cutters
- hoe
- rake
- grass rake
- miscellaneous tools - screw driver, hammer, plyers, etc.
- miscellaneous garden tools
- pruning shears
- garden hose(s) and hose nozzle
- gas can
- heavy duty extension cord
- trash cans (2 or 3 large)
- trash can holder
- barbeque
- miscellaneous lawn furniture (1 lawn chair per resident)
- picnic basket
- large thermos
- ice chest
- large flashlights (1 for vehicle and 1 for home)
- sports equipment, such as:
  - basketball
  - volleyball
  - football
  - baseball
  - croquet set
  - horseshoes
  - ping pong
  - badminton
- table games
- van or station wagon

Miscellaneous furnishings -

- desk and chair
- cardtable and chair
- sewing machine
- small file box with lock (for receipts)
- individual plastic boxes for resident's medication
- fire extinguishers - number and placement determined by local fire authority, plus one (1) for vehicle
- first aid kit (2) - one for home and one for vehicle
- door mats
- smoke detectors - number and placement determined by local fire authority
- adding machine
- typewriter
- extension cords
- 3-prong plugs
- file box with lock (for medications)

APPENDIX H

FEDERAL WAGE AND HOUR REGULATIONS

The following information was developed as an aid to non-profit and governmental operated group homes relative to the U. S. Department of Labor, Employment Standards Administration, Wage and Hour Division. Following several meetings with the Federal Wage and Hour Division in the Raleigh Office and subsequent information received from the U. S. Department of Labor, Regional Office in Atlanta, Georgia, it is now clear that Group Home Managers are covered under Section 3(s) (4) of the Fair Labor Standards Act of 1938, as amended:

> "For purposes of this subsection; the activities performed by any person or persons - is engaged in the operation of a hospital, an institution primarily engaged in the care of sick, the aged, the mentally ill or defective who reside on the premises of such institution, a school for mentally or physically handicapped or gifted children, a preschool, elementary or secondary school, or an institution of higher education (regardless of whether or not such hospital, institution, or school is public or private or operated for profit or not for profit);"

When group home managers, relief managers, cooks, or domestics have been paid a salary (weekly, monthly, etc.) or set amount per day, they must be paid on an hourly basis.

If the group home employees are not currently being paid on an hourly rate, contact your nearest Area Wage and Hour Office (Raleigh, Greensboro, and Charlotte) and request assistance in working with you in the development of a "Working Agreement" and other related matters necessary to assure compliance with the Federal Wage and Hour Regulations. Attached is a listing of the Area and Field Station Offices of the Wage and Hour Division for your convenience.

Prior to contacting the appropriate Area Wage and Hour Office, please review the following information CAREFULLY.

1. In determining the number of hours a group home manager works in a group home, it is not necessary to include twenty-four hours each day, but one needs to determine what is a "reasonable work day," "week," "month," as relates to actual hours worked. In other words, hours spent sleeping; eating of meals (unless on duty, training or considered as work time); while residents are out of home at sheltered workshop, adult developmental activity program, on job, etc.; these hours can be considered as hours not worked - unless other chores are being performed such as shopping, record keeping, cleaning, meal preparation, etc., during these times. This type work arrangement is covered very clearly in Section 785.23:

APPENDIX M

EMPLOYEES RESIDING ON EMPLOYER'S PREMISES OR WORKING AT HOME

"An employee who resides on his employer's premises on a permanent basis or for extended periods of time is not considered as working all the time he is on the premises. Ordinarily, he may engage in normal private pursuits and thus have enough time for eating, sleeping, entertaining, and other periods of complete freedom from all duties when he may leave the premises for purposes of his own. It is, of course, difficult to determine the exact hours worked under these circumstances and any reasonable agreement of the parties which takes into consideration all of the pertinent facts will be accepted. This rule would apply, for example, to the pumper of a stripper well who resides on the premises of his employer and also to a telephone operator who has the switchboard in her own home. (Skelly Oil Co. v. Jackson, 194 Okla. 183, 148 P.2d 182 Okla. Sup. Ct. 1944); Thompson v. Loring Oil Co., 50 F. Supp. 213 (W.D. La. 1943)." Taken from: W. H. Publication 1312, Page 7.

2. Attached for your assistance is a sample "Working Agreement" which covers the salient points necessary in such an agreement. The Wage and Hour Division assisted in the development of this draft. Again, this "Working Agreement" can be adapted to your local situation. In developing a "reasonable work day, week, and month," one should consider the following:

   A. normal routine hours worked each day (Monday - Friday);

   B. normal routine hours worked each day on weekend (Saturday - Sunday);

   C. on an average, how many hours each week and month does the home manager(s) have his sleep interrupted because of sickness, disturbances with the residents, etc.;

   D. on an average, how many hours each week or month must the home manager(s) remain on duty as a result of a resident staying home due to sickness, going to see the doctor, dentist, workshop or ADAP being closed, etc.

A good rule of thumb in the computation of hours in a "reasonable work week," is that it is better to over-estimate projected hours worked, as the higher the number of hours estimated, the lower the calculated hourly rate will be.

Example: if the old salary rate had been $140.00 per week - say the reasonable work week is figured at 50 hours. In reality, after several months, the actual hours worked by the home manager averages 55 hours each week, it would have been much more economical to have calculated the hourly rate based on the 55 hours in the beginning. (See attached sample "Working Agreement" and "Work-Pay Schedule")

APPENDIX II

Let's take a hypothetical situation of a group home manager that averages working 55 work hours per week for a one year period.

55 hrs. per week x 52 weeks = 2860 hrs. per year

2860 hrs. per year x $2.20 minimum wage = $6,292 salary per year (figured on straight time)

15 hrs. worked overtime per week (difference between 40 and 55 hours) x 52 weeks = 780 hrs.
780 hrs. x $1.10 overtime rate (1/2 of $2.20 minimum wage = $858.00) straight time on hourly rate, 1/2 of minimum wage for overtime

$6292.00	annual straight time
858.00	1/2 time for over 40 hours
$7150.00	annual salary rate of pay based on 55 hrs. per week at a $2.20 per hr. rate

3. There was a question concerning On-Call Time. For example, the residents leave the home for the day to work, ADAP, Sheltered Workshop, etc., the group home manager may leave the home to do personal shopping, visit, or stay in the home and read a book, etc., as long as a method of getting into contact whether via telephone, beeper signal, or another person to contact such as mental health center staff, group home administrator, board member, etc., can be reached in case of an emergency for sickness, accident, etc. The following section of Wage and Hour Regulations outline how "On-Call Time" is treated in Section 785.17:

> "An employee who is required to remain on call on the employer's premises or so close thereto that he cannot use the time effectively for his own purposes is working while **on call.** An employee who is not required to remain on the employer's premises, but is merely required to leave word at his home or with company officials where he may be reached is not working while on call." (Armour & Co. v. Wantcock 323 U.S. 126 (1944); Handler v. Thrasher, 191 F. 2d 120 (C.A. 10, 1951); Walling v. Bank of Waynesboro, Georgia, 61 F. Supp. 384 (S.D. Ga. 1945).

4. If a couple is employed (that is, an employee-employer relationship exists with both) and both are receiving a check (or check made out jointly to both), then Wage and Hour regulations will apply to both. The following is offered as possible options:

   A. It may be in some instances where the husband and wife are both employed that the non-profit board or area mental health program may wish to re-negotiate with the couple and establish the employee-employer relationship with <u>only</u> <u>one</u> spouse.

   B. If a couple is employed, one way to reduce the number of hours worked would be to have only one person on duty at a given time (unless standards dictate differently; for instance, when over five residents are in the home during waking hours) with the other spouse scheduled as free time.

C. The non-profit board or area mental health program may wish to employ one spouse as the full-time group home manager, with the other spouse employed as a part-time employee reimbursed at the minimum wage for hours worked.

5. Related information that may prove useful:

A. Minimum wage for group home manager, relief home manager, cook, and domestic is $2.20 per hour.

B. On January 1, 1977, the minimum wage will be $2.30 per hour.

C. The group home manager(s), relief manager, cook, domestic, etc., must keep a daily record as to total hours worked, i.e., 8, 8½, 9, etc. Wage and Hour Division states a regular commercial calendar or notebook will suffice. Also, these daily hour records must be maintained or kept for a minimum of three years.

D. Payroll records must be maintained for a minimum of three years.

6. The group home manager, relief manager, cook, domestic worker, etc., must have a thorough understanding and approve of the Working Agreement as it relates to:

A. How rate of pay is computed.

B. How the reasonable work day, week, month was arrived at, and their involvement in this process.

C. Must keep daily time records.

A "Working Agreement" must be developed with the group home manager and the typical "Work Pay-Schedule" should be attached to the working agreement (see sample Work Agreement and Work-Pay Schedule).

7. Meals furnished a group home manager and his or her family (spouse, children) may result in a reasonable charge for said meal(s) if the operating agent (private non-profit board or governmental) so desires. Reasonable charge being defined as "the raw food cost, energy necessary in preparation of food, disposables (napkins, cleaners), and other cost incurred in pre and post meal process."

Meals are covered in Chapter V, Part 531, Wage Payments Under the Fair Labor Standards Act of 1938, 531.32 "Other Facilities Item"(c) which states:

"It should also be noted that under 531.3(d), the cost of furnishing 'facilities' which are primarily for the benefit or convenience of the employer will not be recognized as reasonable and may not, therefore, be included in computing wages . . . On the other hand, meals are always regarded as primarily for the benefit and convenience of the employee."

APPENDIX M

Certain issues should be considered prior to a decision concerning charging for meals are:

A. If based on the total hours worked (regular 40 and overtime), the operating agent is having difficulty in meeting the minimum wage requirement for the group home manager, relief manager, etc., then a reasonable charge for meal(s) would seem to be a logical step.

B. In converting the group home staff from a salary to hourly rate and the reasonable work week is adequately covered by minimum wage, to charge for meals will result in an increase in the hourly rate (regular and time and 1/2 for overtime) which may result in an increased staff cost, so in effect there will be dollar swapping between the operating agent and its group home employees.

C. Reasonable meal charge will also result in the group home employees paying taxes on that portion of their take home pay unless difference is necessary to meet minimum wage as described in Item A.

D. Reasonable meal charge may result in a more complicated accounting process.

E. The operating agency may want to consider a reasonable meal charge just for certain group home staff - group home manager, relief home manager, cook, etc.

If a decision is made to charge for meal(s), there are two methods the operating agency may wish to consider in the recovery of cost: (a) may be incorporated in the wage rate paid group home staff; (b) the group home staff may be paid at least the applicable minimum wage and reimburse the operating agent on a monthly basis for the cost of said meals. Regardless of method used to recover staff's meal cost, the operating agency should develop a cost per meal (example: breakfast 50¢, lunch 75¢, dinner $1.25) schedule. A meal cost schedule is more understandable by all parties, and should present fewer problems in weekly or monthly computations.

If a reasonable meal charge is made, it should be covered in the employee "Working Agreement" as outlined in this section.

APPENDIX M

Work-Pay Schedule

ABC Group Home - Mrs. John Doe

1 hr.	6:00 - 7:00 a.m.	- Get up & call residents; prepare breakfast
	7:00 - 7:30 a.m.	- Eat breakfast (which is prepared by residents)
½ hr.	7:30 - 8:00 a.m.	- Clean up kitchen
½ hr.	8:00 - 8:30 a.m.	- Take residents to sheltered workshop
1 hr.	8:30 - 9:30 a.m.	- Household chores (laundry, cleaning, ironing, etc.)
	9:30 -12:00 p.m.	- Free time
	12:00 - 1:00 p.m.	- Lunch
1 hr.	1:00 - 2:00 p.m.	- Shopping; staff consultation, houseparents meetings
	2:00 - 3:30 p.m.	- Free time
½ hr.	3:30 - 4:00 p.m.	- Pick up residents from sheltered workshop
1 hr.	4:00 - 5:00 p.m.	- Meal Preparation
1 hr.	5:00 - 6:00 p.m.	- Dinner
½ hr.	6:00 - 6:30 p.m.	- Clean up kitchen
4 hrs.	6:30 -10:30 p.m.	- Counseling, recreation, skill training,etc.
11 hrs.		

Hours worked per day - 11 hours per day x 5 days = 55

40 hours @$2.20 per hour = $ 88.00

15 hours @$3.30 (time and one/half) = 49.40

Total Earnings $137.50 per week

APPENDIX M

Working Agreement

(ABC Group Home)
Working arrangement between (Non-Profit Board) and Mrs. John Doe, Group Home Manager.

The nature of work associated with Mrs. John Doe, Group Home Manager requires working at hours that cannot be formally scheduled. In addition, the employee is required to live on the employer's premises and it is often difficult to determine the actual hours worked within a normal work week. For this reason, a "reasonable work week" has been established which reflects the normal or customary hours performed within a given week.

The normal work week is 55 hours. Any variation from this normal work week will be recorded.

Based on this work week, the employee will receive $2.20 per hour for the first 40 hours worked within the week. In addition, the employee will receive 1-1/2 this hourly rate for the hours worked between 40 and 55 hours per week.

The above agreement has been explained to me and I understand and accept this arrangement of compensation.

_____
Signed by Group Home Manager

Date:_____

APPENDIX M

U. S. Department of Labor, Wage and Hour Division Offices in North Carolina
(October 1975)

Raleigh Area Office
Room 400 Federal Building
310 New Bern Avenue
PO Box 27486
Raleigh, NC 27611
(919) 755-4190

Jose G. Fernandez, Area Director
Alvin M. Clapp, Assistant Area Director

Field Stations

Fayetteville, NC 28302
320 Green St., PO Box 1689
(919) 483-7491

Henry S. Strickland

Goldsboro, NC 27530
134 N. John St., PO Box 800
(919) 734-2651

Jacob R. Riley

Greenville, NC 27834
402 S. Memorial Dr., PO Box 5006
(919) 758-5385

James E. Mangum

New Bern, NC 28560
Rm. 205, 2003 Neuse Blvd.
PO Box 2777
(919) 637-4013

Wilmington, NC 28401
4010 Oleander Drive
(919) 763-9971 ext. 422

Jo Anne Mathis
Donald Sloop

Wilson, NC 27893
1404 Westwood Ave. (Home)
(919) 243-4431

William L. Mercer

Counties Served:

Beaufort; Bertie; Bladen; Brunswick; Camden; Cartaret; Chowan; Columbus; Craven; Cumberland; Currituck; Dare; Duplin; Edgecombe; Franklin; Gates; Greene; Halifax; Harnett; Hertford; Hoke; Hyde; Johnston; Jones; Lee; Lenoir; Martin; Moore; Nash; New Hanover; Northampton; Onslow; Pamlico; Pasquotank; Pender; Perquimans; Pitt; Robeson; Scotland; Tyrrell; Sampson; Wake; Warren; Washington; Wayne; Wilson

Greensboro Area Office
Room 239, U.S. Post Office
324 W. Market Street, PO Box 2220
Greensboro, NC 27402
(919) 275-9111, Ext 5494

Raymond G. Cordelli, Area Director
James C. Stewart, Assistant Area Director

APPENDIX N

Field Stations

Durham, NC 27701
Rm. 126, 302 Morris Street
PO Box 1966
(919) 688-8146, Ext. 560

Donald A. Allman

Salisbury, NC 28144
Rm. 209 Rowan Building
103 Corriher Avenue
(704) 633-1195

Clarence Bailey

High Point, NC 27260
Rm. 715, First Citizens Bank Bldg.
PO Box 2603
(919) 882-8826

Garland Burton
Harold L. Cox

Winston-Salem, NC 2710[illegible]
Rm. 204, Holly Building
619 Holly Avenue
(919) 723-9211, Ext. 320

William G. Woodend, Jr.

Counties Served:

Alamance; Alleghany; Ashe; Caswell; Chatham; Davidson; David; Durham; Forsyth; Granville; Guilford; Orance; Person; Randolph; Rockingham; Rowan; Stokes; Surry; Vance; Watauga; Wilkes; Yadkin

Charlotte Area Office
Rm. 401, BSR Building
316 E. Morehead Street
Charlotte, NC 28202
(704) 372-0711, Ext. 431

Fred E. Carlock, Area Director
James A. Tucker, Assistant Area Director

Field Stations

Asheville, NC 28801
Rm. 101, 53 Grove Street
(704) 254-0961, Ext. 238

William J. Cutler, Jr.
Charles C. Weaver

Hickory, NC 28601
Rm. 133-B, U.S. Post Office
Main Avenue Place, SW
(704) 327-8381

Gastonia, NC 28052
Rm. B-02, U.S. Post Office
(704) 864-4325

Robert F. Smith
Eugenia D. Vale

Counties Served:

Alexander; Anson; Avery; Buncombe; Burke; Cabarrus; Caldwell; Catawba; Cherokee; Clay; Cleveland; Gaston; Graham; Haywood; Henderson; Iredell; Jackson; Lincoln; McDowell; Macon; Madison; Mecklenburg; Mitchell; Montgomery; Polk; Richmond; Rutherford; Stanly; Swain; Transylvania; Union; Yancey

APPENDIX N

GROUP HOME INSURANCE

Insurance for group homes should include the following:

1. Vehicle insurance
2. Fidelity bond for officers and home managers
3. Public liability insurance ($300,000 for one person and $1,000,000 per accident)
4. Fire and extended coverage insurance on personal property located in or on property
   a. "Betterment" clause to cover renovations to property
   b. Adequate insurance to cover personal property of residents and home managers - suggested $500 or $1,000 per person
      (Note: This has to be an additional clause beyond the regular personal property of the home.)
5. If residents do not receive Medicaid, hospitalization insurance for residents
   a. "Camping" insurance policy - covers all outings such as trips, picnics, etc. - for all residents
      (Note: not necessary if covered by Medicaid)
6. Hospitalization policy for home managers
7. Workman's Compensation
8. Unemployment Insurance E.S.C.

APPENDIX O.1

MINIMUM STANDARDS

GROUP HOMES

FOR

DEVELOPMENTALLY DISABLED ADULTS

NORTH CAROLINA DIVISION OF MENTAL HEALTH SERVICES
325 North Salisbury Street
Raleigh, North Carolina 27611

NOTE: These standards may be obtained by request from the North Carolina Division of Mental Health at the address shown above.

APPENDIX O.2

MINIMUM AND DESIRED STANDARDS AND REGULATIONS

(Adult)

Family Care Homes

(With a capacity of 2-5)

NORTH CAROLINA DIVISION OF SOCIAL SERVICES
Post Office Box 2599
Raleigh, North Carolina 27602

NOTE: These standards may be obtained by request from the North Carolina Division of Social Services at the address shown above.

RULES AND REGULATIONS GOVERNING THE SANITATION AND OTHER ASPECTS OF RESIDENTIAL CARE FACILITIES

For the purpose of carrying out the provisions of Article 15 of Chapter 130 of the General Statutes of North Carolina, the Commission for North Carolina, the Commission for Health Services hereby adopts the following rules and regulations governing the sanitation and other aspects of residential care facilities:

SECTION 1. Definitions:

A. "Residential Care Facility" means an establishment, including a family foster home, providing food and lodging facilities on a 24 hour basis for not more than 12 residents, exclusive of staff, but shall not mean a private home or a boarding or rooming house.

B. "Manager" means the person in responsible charge of a residential care facility.

C. "Resident" means a person, other than the manager, his immediate family, and staff, residing in a residential care facility.

D. "Director" means the Director of the Division of Health Services of the Department of Human Resources.

E. "Department of Human Resources" means the Secretary, or his authorized representatives.

F. "Sanitarian" means a qualified person authorized to represent the Department of Human Resources in making inspections and posting grade cards pursuant to State laws and regulations.

G. "Potentially Hazardous Food" means any perishable food which consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, or other ingredients capable of supporting rapid and progressive growth of infectious or toxigenic micro-organisms.

SECTION 2. Approval of Plans. Plans and specifications for new construction or major modification of residential care facilities, except family foster home, shall be submitted to the agency designated by State licensure regulations and to the local health department for review and approval before beginning construction.

APPENDIX O.3

SECTION 3. Inspections and Reports. Inspections of residential care facilities shall be made by a sanitarian at least once a year prior to the expiration of the license. There shall be four copies of the inspection report: One to be retained by the manager; one to be forwarded by the manager to the agency designated by licensure regulations; two copies for the sanitarian, one of which is to be submitted to the Sanitary Engineering Section, Division of Health Services, and one to be retained in the Sanitarian's files.

If the conditions found at the time of the inspection are dangerous to the health of the residents, the State licensing agency shall be notified immediately by telephone or other direct means by the sanitarian. A copy of the inspection report shall be forwarded immediately to the State licensing agency.

SECTION 4. Reinspections, Visits. The sanitarian shall reinspect or visit residential care facilities whenever he deems it necessary to insure compliance. When requested by the manager to inspect for the purpose of improving a classification, the sanitarian shall make at least one unannounced inspection within 30 days. The sanitarian shall give assistance in the explanation and interpretation of these rules and regulations.

SECTION 5. Grading; Inspection Form. The grading of residential care facilities shall be based upon the following standards of sanitation construction and operation and in accordance with the Inspection Form for Residential Care Facilities provided by these rules and regulations.

A facility shall be classified as approved if the demerit score is not more than 20 and no 6 demerit point item is violated. A facility shall be classified as provisional if any 6 demerit point item is violated, or if the demerit score is more than 20 but not more than 40; provided, that the duration of such provisional classification shall not exceed 7 days. If construction or renovation is involved, based upon the individual situation, a longer period of time may be allowed: A facility shall be classified as disapproved if the demerit score is more than 40, if the conditions found are dangerous to the health of the residents, or if the conditions resulting in the provisional classification have not been corrected within the specified time period.

ITEM 1. Floors. All floors shall be easily cleanable and shall be kept clean and in good repair.

ITEM 2. Walls and Ceilings. The walls and ceilings of all rooms and areas shall be kept clean and in good repair.

ITEM 3. Lighting and Ventilation. All rooms and areas shall be lighted and ventilated in accordance with the State Building Code and licensure requirements, and effective under actual use conditions. Lighting fixtures and ventilating equipment shall be kept clean and in good repair.

In kitchen, effective ventilation shall be provided.

APPENDIX O.3

NOTE:
Residential type ventilation systems, if provided, which exhaust to the outdoors shall be considered acceptable as to sanitation, if effective.

Toilet rooms shall be well ventilated to the outside air through windows, gravity ducts having cross-sectional areas of at least 72 square inches extending through the roof, or mechanical ventilation systems, in accordance with the State Building Code.

ITEM 4. Toilet, Handwashing, Laundry, and Bathing Facilities. All residential care facilities shall be provided with approved sanitary toilet, handwashing, and bathing facilities complying with State licensure requirements. These facilities, and laundry facilities when provided, shall be kept clean and in good repair.

All lavatories and baths shall be supplied with hot and cold running water through mixing devices. Soap and individual towels, shall be provided for each resident, who shall store towels being used separately.

ITEM 5. Water Supply. The water supply shall be from an approved source and shall be adequate and of a safe sanitary quality. Hot and cold running water under pressure shall be easily accessible to the kitchen, all bathrooms, and any other areas which water is required for cleaning or essential operations. Hot water heating facilities sufficient to meet the maximum expected requirements of the residential care facility, shall be provided.

When a private water supply is used, it shall be located, constructed, maintained, and operated in accordance with the requirements of the Division of Health Services Bulletin No. 476 entitled "Protection of Private Water Supplies." A sample of the water shall be collected by the Sanitarian and submitted to the Laboratory Section of the Division of Health Services or other approved laboratory at least once a year. No backflow connections, or cross-connections with unapproved water supplies shall exist.

ITEM 6. Drinking Water Facilities; Ice Handling. Common drinking cups shall not be provided or used. If ice is provided for residents, it shall be handled, transported, stored and dispensed in such a manner as to be protected against contamination.

ITEM 7. Liquid Wastes. All sewage and other liquid wastes shall be disposed of in a public sewer system, or in the absence of a public sewer system, by a sanitary disposal method approved as provided in G.S. 130-160. All sewage and other liquid wastes shall be so disposed of as not to create a public-health hazard.

ITEM 8. Solid Wastes. All solid wastes containing food scrapes shall, prior to disposal, be kept in durable, rust-resistent, nonabsorbent, water tight, rodent proof standard garbage containers which shall be kept covered when filled or stored or not in continous use. Outdoor containers should be

stored on suitable rack to prevent overturning. Garbage cans shall be kept clean. In order to ease cleaning, plastic garbage can liners may be used. Dry refuse shall be stored in containers or other approved manner. All solid wastes shall be disposed of with a sufficient frequency and in such a manner as to prevent insect breeding and public-health nuisances.

ITEM 9. Vermin Control, Premises. Effective measures shall be taken to keep insects, rodents, and other vermin out of the residential care facility and to prevent their breeding, harborage, or presence on the premises. The premises shall be kept neat, clean, adequately drained, and free of litter and vermin harborage. All openings in the outer air shall be effectively protected against the entrance of flying insects by screens, closed doors, closed windows, or other effective means.

ITEM 10. Storage; Miscellaneous. Rooms or spaces which are provided and used for the storage of clothing, personal effects, luggage, necessary equipment and supplies and for items not in routine use, shall be kept clean.

Pesticides, herbicides, bleaches, detergents, polishes, items containing petroleum products, products under pressure in aerosol dispensing cans, and any other substances which may be hazardous if ingested, inhaled or handled (skin contact) shall be stored in a locked closet or cabinet.

Medications shall be stored in separate locked cabinet. Medications requiring refrigeration shall be stored in an area designated for such storage in a refrigerator not accessible to children.

ITEM 11. Beds, Linen, Furniture. All furniture, mattresses, curtains, draperies, etc., shall be kept clean and in good repair.

Clean bed linen in good repair shall be provided for each resident and shall be changed as often as necessary. Clean linen shall be stored and handled in a sanitary manner and separate from soiled linen.

ITEM 12. Food Service Utensils and Equipment. All equipment and utensils shall be so constructed as to be easily cleaned and shall be kept in good repair. All surfaces with which food or drink comes in contact shall, in addition, be easily accessible for cleaning, non-toxic, corrosion-resistent, non-absorbent, and free of open cervices. Disposable articles shall be made from non-toxic materials.

All multi-use eating and drinking utensils shall be thoroughly cleaned after each usage, and the facilities needed for the operations of washing and rinsing shall be provided.

All pots, pans, and other utensils used in the preparation or serving of food or drink, and all food storage utensils, shall be thoroughly cleaned after each use. Cooking surfaces of equipment, if any, shall be cleaned at least once each day. Non-food contact surfaces of equipment shall be cleaned at such intervals as to keep them in a clean and sanitary condition.

No polish or other substance containing cyanide or other poisonous material shall be used for the cleaning or polishing of eating or cooking utensils.

All cloths used in the kitchen shall be clean. Disposable items shall be used only once.

All containers and clean utensils shall be stored in a clean place. Containers and clean utensils shall be covered, inverted, stored in tight, clean cabinets, or otherwise stored in such a manner as to prevent contamination. After cleaning and until use, food-contact surfaces of equipment shall be protected from contamination. Utensils shall be handled in such a manner as to prevent contamination.

Disposable utensils shall be purchased only in sanitary containers, shall be stored therein in a clean, dry place until used, and shall be handled in a sanitary manner.

NOTES:

1. Acceptable facilities for washing multi-use eating and drinking untensils, and pots, pans, and other cooking utensils, include 2-section residential sinks, in counters. It is not necessary that such sinks be deep enough to permit immersion of large utensils. However, it is recommended that sink sections be at least 18" x 20" x 10" deep, and that two foot drainboards which drain into the sink compartments be provided, one for dirty utensils and one for clean utensils.

2. Acceptable storage facilities include residential kitchen cabinets, which should be kept clean and free of vermin.

ITEM 13. Food Supplies and Protection. (a.) Food Supplies. All food, including milk and milk products, shall be clean, wholesome, free from spoilage, free from adulteration and misbranding, and safe for human consumption.

NOTE:
If non-acid or low-acid home-canned foods are used, they should be boiled for 10 minutes in order to destroy any toxin that may have been produced by bateria surviving the canning process.

(b.) Food Protection. All foods, while being stored, prepared, served, and during transportation, shall be protected from contamination. All perishable foods shall be stored at such temperatures as will protect against spoilage. All potentially hazardous food shall be maintained at safe temperatures (45°F. or below, or 140°F or above) except during necessary periods of preparation and serving. Frozen food shall be kept at such temperatures as to remain frozen, except when being thawed for preparation or use. Potentially hazardous frozen food shall be thawed at refrigerator temperatures of 45°F or below, or quick-thawed as part of the cooking process; or by a method approved by the Sanitarian. An indicating thermometer shall be located in each refrigerator. Raw fruits and vegetables shall be washed thoroughly before use. Stuffings, poultry, stuffed meats and poultry, and

pork and pork products, shall be thoroughly cooked before being served. Salads made of meat, poultry, potatoes, fish, shellfish, eggs, and other potentially hazardous prepared food shall be prepared, preferably from chilled products, with a minimum of manual contact, and on surfaces and with utensils which are clean. Portions of food served once to an individual shall not be served again.

Live pets should not be allowed in any room or area in which food is prepared or stored. Live pets, unless caged and restricted from the immediate eating area, shall not be allowed in any room or area in which food is served.

Refrigeration facilities, hot food storage facilities, and effective insulated facilities, shall be provided as needed to assure the maintenance of all food required temperatures during storage, preparation, and serving.

Containers of food shall be stored above the floor, on clean racks, shelves, or other clean surfaces in such a manner as to be protected from splash and other contamination.

ITEM 14. Food Service Persons. All persons, while preparing or serving food or washing equipment or utensils, shall wear clean outer garments, maintain a high degree of personal cleanliness, and conform to hygienic practices. They shall wash their hands thoroughly before starting work and as often as necessary to remove soil and contamination. After visiting the toilet, such persons shall wash their hands thoroughly in a lavatory and in no case in the kitchen sink. They shall not use tobacco in any form while preparing or serving food.

No person while affected with disease in a communicable form, or while a carrier of such a disease, or while afflicted with boils, infected wounds, sores, or an acute respiratory infection, shall work in any capacity in which there is a likelihood of such person contaminating food or food-contact surfaces with pathogenic organisms. If the manager has reason to suspect that any person has contracted any disease in a communicable form or has become a carrier of such disease, he shall notify the local health department immediately.

SECTION 6. Severability. If any provisions of these rules and regulations or the application thereof to any person or circumstances is held invalid, the remainder of the rules and regulations, or the application of such provision to other persons or circumstances, shall not be affected thereby.

SECTION 7. Effective Date. These rules and regulations shall be in full force and effect from and after September 11, 1974.

NORTH CAROLINA STATE BUILDING CODE REQUIREMENTS FOR RESIDENTIAL CARE FACILITIES KEEPING AS MANY AS 6 AND LESS THAN 10 CHILDREN OR ADULTS WHO MAY BE DEVELOPMENTALLY DISABLED BUT NOT INVOLUNTARILY DETAINED

SECTION 520 - REQUIREMENTS FOR RESIDENTIAL CARE FACILITIES KEEPING AS MANY AS SIX AND LESS THAN TEN CHILDREN WHO ARE DEPENDENT, NEGLECTED, ABANDONED, DESTITUTE, ORPHANED, DELINQUENT, AND NOT INVOLUNTARILY DETAINED. THESE REQUIREMENTS ALSO APPLY TO RESIDENTIAL CARE FACILITIES KEEPING SIX TO NINE ADULTS WHO ARE MILDLY OR MODERATELY RETARDED OR SIMILARLY DEVELOPMENTALLY DISABLED AS DETERMINED BY THE STATE AGENCY HAVING LICENSURE JURISDICTION, TRAINABLE, AMBULATORY, AND NOT INVOLUNTARILY DETAINED.

"NOTES": UNDER "GROUP D-2 - INSTITUTIONAL OCCUPANCY"-SHALL INCLUDE, AMONG OTHERS, THE FOLLOWING:
"RESIDENTIAL CARE FACILITIES KEEPING TEN OR MORE ADULTS WHO ARE MILDLY OR MODERATELY RETARDED OR SIMILARLY DEVELOPMENTALLY DISABLED OR DETERMINED BY THE STATE AGENCY HAVING LICENSURE JURISDICTION, TRAINABLE, AMBULATORY, AND NOT INVOLUNTARILY DETAINED."

UNDER SECTION 407.2 - EXCEPTION
"RESIDENTIAL CARE FACILITIES KEEPING SIX TO NINE ADULTS WHO ARE MILDLY OR MODERATELY RETARDED OR SIMILARLY DEVELOPMENTALLY DISABLED AS DETERMINED BY THE STATE AGENCY HAVING LICENSURE JURISDICTION, TRAINABLE, AMBULATORY, AND NOT INVOLUNTARILY DETAINED SHALL BE CLASSIFIED AS GROUP A - RESIDENTIAL OCCUPANCY."

520.1 - The facility must be licensed by a state agency which has a responsibility to periodically reinspect the facility to make sure that the number being cared for is no more than the license calls for.

520.2 - All residential care facilities keeping as many as six and less than ten persons not involuntarily detained, when of other than fireproof construction or semi-fireproof construction, shall not exceed two stories in height and shall not exceed 1800 square feet per floor and if wood frame construction and one story in height shall not exceed 2500 square feet in area for existing buildings. Any occupied attic shall be counted as an additional story in determining permissible building height. Basement areas used as habitable space count as a story. A basement is not counted as a story if at least 50% of its clear height is below grade. See North Carolina State Building Code whereby new buildings of 5000 SF maximum gross area require 1-hour protection.

520.3 - All walls, partitions, and ceilings shall be of non-combustible materials or of 1-hour fire resistance.

APPENDIX O.4

520.4 - Occupants must have access to two remotely located outside exits. Access from room doors to the two remotely located outside exits must not have a dead end distance of more than 20 feet measured from the room door to the point at which two separate outside exits can be reached. Occupants of all rooms above the first floor shall have unobstructed access to two separate and distinct ways of egress extending from the uppermost floor to the ground, such ways of egress to be so arranged in reference to rooms that in case of fire on one stairway, the other stairway can be reached by the occupant without having to pass the stairway involved. Stairways must be enclosed on one floor level with one hour fire rated walls and a minimum of solid core door equipped with a self closer. Basement stairs, whether used for habitable space or not, shall be enclosed with one hour fire rated walls and solid core door equipped with self closer. (Exterior metal fire escapes meeting requirements of the North Carolina State Building Code are acceptable as exit stairs.)

All rooms for sleeping purposes shall have an outside window that can be opened without the use of tools to provide a clear opening not less than 16" in least dimensions and 432 square inches in area, or if of fixed glass, must be at least 24" x 24" with the bottom of the opening not more than 4' above the floor.

520.5 - If a residential care facility keeping six to nine persons is of other than fireproof or semi-fireproof construction, occupants younger than six years of age shall sleep on the first floor with an adult.

520.6 - Fuel burning space heaters, floor furnaces and portable electric space heaters are prohibited.

520.7 - When of other than fireproof or semi-fireproof construction, all residential care facilities keeping six to nine persons shall be equipped with U.L. approved smoke detection devices or a U.L. approved automatic fire detection system in addition to other requirements specified in Section 516.1 (c).

520.8 - All residential care facilities keeping six to nine persons must install a manual fire alarm or signal system which is audible throughout the building.

520.9 - For every 1000 square feet of floor area and for each floor there shall be at least one fire extinguisher. Fire extinguisher shall be provided in accordance with the standards of the National Fire Protection Association for First Aid Fire Fighting Appliances. Fire extinguishers shall be inspected regularly and kept charged and filled at all times.

520.10 - All electrical and heating equipment shall be approved by Underwriting Laboratories or other nationally recognized testing laboratories and shall be installed according to manufacturers' instructions and approved by the local inspector.

APPENDIX O.4

520.11 - Flammable material, such as gasoline, kerosene, fuel oil, etc., shall be stored according to regulations set forth in the North Carolina Safety Fire Law.

520.12 - No locks, bolts, or fasteners shall be installed on exit and room doors which would prevent occupants from getting out by the simple operation of a single knob or lever.

520.13 - All habitable rooms must have at least 10% of its floor area composed of windows with one-half of these windows openable.

520.14 - Every home shall formulate a plan (in cooperation with the local fire department) for the protection of all persons in the event of fire and for their evacuation to areas of refuge and from the building when necessary.

SUGGESTED GROUP HOME EVALUATION GUIDE

The group home evaluation form on the following pages has been designed to enable the program and others to learn more about the strengths and weaknesses of all phases of their program. Items in the form are derived from the North Carolina Group Home Standards and other documents; however, the questionnaire should not be considered an evaluation of the effectiveness of the program nor a standards review. Instead, it should be used as a means for identifying aspects of the Group Home needing more detailed examination.

To complete the questionnaire, several persons may have to contribute information. Nearly all items require a "Yes," "No," or "N/A" to be circled; no items should be skipped unless a parenthesized statement instructs the respondent to skip items. Several items are open-ended to the extent that numbers, explanations, or lists are also requested, depending on whether a "yes" or "no" is circled. Select N/A when the item is skipped or not applicable to your group home. In the event that lengthy answers are required, feel free to use the bottom or other side of the page. The reader is referred to the parenthesis to identify the standards from which many of the items were derived.

APPENDIX P.1

General Information

Date: _____

1. Name of governing board:

   Government operated board: _____
   or
   Private Non-Profit Board: _____

2. Name of chairman of the board: _____

3. Address of Group Home:

   _____ _____
   (street) (city or town)

   _____ _____
   (county) (state) (zip)

4. Telephone of group home: _____

5. Name of group home manager(s): _____

   _____

6. Name of group home administrator: _____

7. Area Mental Health Group Home Coordinator:

   _____

8. Date group home opened _____ (month), _____ (day), _____ (year).

9. Group home capacity (licensed): _____

10. Number of residents currently in home: _____

11. Type of license: (check one)

    _____ a. Group home for developmentally disabled adults.

    _____ b. Family care home.

    _____ c. Home for aged and infirm.

12. How is the neighborhood zoned? _____

APPENDIX P.1

13. Sexual composition of home (check one):

_____ Male

_____ Female

_____ Coed

14. Size of group home staff: _____
(List names and positions)

_____

_____

_____

_____

Governing Body

The Group Home is operated by a private non-profit board. (If no, go to C.) Yes No

1. The governing body is legally constituted under the provisions of the North Carolina Non-Profit Corporation Act. (Standard 1) Yes No

   A. The articles of incorporation, bylaws, or constitution describe the purpose for which the corporation is organized, provide a governing body, and describe the membership and responsibilities of the governing body. Yes No

   B. The articles of incorporation and bylaws describe the procedure for selection, tenure of, and removal from office of members of the governing body; the responsibility and duties of each officer; the method of amending the bylaws; providing for assets should the corporation dissolve; and the responsibility of the governing body for the formulation and implementation of overall policy as required by the North Carolina Non-Profit Corporation Act. Yes No

   C. The membership of the governing body includes representatives from the following:

      1) the Area Mental Health Director or designee; Yes No
      2) county Department of Social Services; Yes No
      3) local Association for Retarded Citizens; Yes No

4) other interested consumer groups and citizens (example: financial advisor, lawyer, representative from a sheltered workshop, work activity, recreation or adult activity program, educator, or physician);

5) other relevant agencies (example: vocational rehabilitation, health, university, community college, or technical institute); (List)

_____
_____
_____
_____

6) the regional mental retardation center (ex-officio membership).

D. Members serve without pay.

E. The membership meets at least quarterly.

F. Minutes of all official meetings are maintained.

G. Standing Committees have been established and meet regularly (e.g., Personnel, Buildings and Grounds).

H. List Committees: _____
_____
_____
_____

I. A group home coordinator has been designated by the Area Mental Health Program.

2. The governing body exercises general supervision and establishes policy regarding property, funds, management, and operations. (Standard 2)

A. The group home has a valid state license to operate.

B. The following has occurred:

1) An annual budget is prepared;
2) the financial record identifies each expenditure;
3) a quarterly individual resident progress report and a quarterly financial report are submitted to the Area Mental Health Program which, in turn, reports the results in the quarterly report to the Regional Mental Health Office;

APPENDIX P.1

4) the financial activities of the program are audited annually; Yes No
5) residents are allowed to handle their own funds; and Yes No
6) each resident is counseled and kept informed of his financial standing. Yes No

3. The Group Home is operated by the Area Mental Health Program. (Standard 3) Yes No
(If No, go to E.)

A. The governing body of group homes operated by the Area Mental Health Program is the local Mental Health authority. Yes No

B. The Area Mental Health Program has established a group home committee with an elected chairperson to coordinate group home services. Yes No

C. The group home committee is comprised of at least six (6) members, with representation from: Yes No

1) the Area Mental Health Director or his designee; Yes No
2) the local Association for Retarded Citizens; Yes No
3) other interested consumer groups and citizens; Yes No
(List)

_____
_____
_____

4) other relevant agencies. Yes No
(List)

_____
_____
_____

D. The group home committee has:

1) received reports from the group home; Yes No
2) maintained minutes of each meeting which are shared with the community mental health center. Yes No

E. A group home coordinator has been designated by the Area Mental Health Program. Yes No
Name: _____

F. Standing committees (Personnel, Buildings and Grounds, Finance, etc.) have been established and meet regularly. Yes No
(List)

_____
_____
_____
_____

4. The group home has developed relationships with public and private agencies for the following: (Standard 4) Yes No

   A. Staff training (List agencies) _____ Yes No
   _____
   _____

   B. Program evaluation (List agencies) _____ Yes No
   _____
   _____

   C. Technical assistance or consultation (List agencies) _____ Yes No
   _____
   _____

Staff

5. The group home has a manager. (Standard 5) Yes No

   A. The manager(s) has specialized training and work experience with developmentally disabled persons, and has a high school diploma and/or passed the high school equivalency certification. (List education, training, and experience of home manager(s). _____ Yes No
   _____
   _____
   _____
   _____

   B. The manager has experience in programs relating to mental retardation. (List) _____ Yes No
   _____
   _____
   _____

6. The hiring, assignment, and promotion or employees is based on their qualifications and abilities, without regard to sex, race, color, creed, irrelevant disability, ethnic or national origin, or membership in an organization. (Standard 6) Yes No

   A. All members of the group home staff are at least 18 years of age. Yes No

   B. The manager and staff had a physical examination prior to employment and annually thereafter. Yes No

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7. A personnel record is maintained for each staff member, including his job application, references, and results of the annual physical examination. (Standard 7) Yes No

8. The group home has a manual of Personnel Policies and Procedures. (Standard 8) Yes No

A. The manual contains information dealing with:

1) grievances Yes No
2) career progression (merit system) Yes No
3) leave (off duty) Yes No
4) work schedules Yes No
5) holidays Yes No
6) pay day Yes No
7) pay plan adoption Yes No
8) Affirmative Action Plan Yes No
9) Human Rights Committee Yes No
10) recruitment and selection Yes No
11) staff development and education (in-service training) Yes No
12) employee evaluation Yes No
13) employee-employer relations Yes No
14) job description and salary plan Yes No
15) retirement Yes No
16) Social Security Yes No
17) insurance Yes No
18) Workmen's Compensation Yes No
19) plan for yearly medical examination Yes No
20) access to professional literature Yes No
21) evaluation Yes No
22) severance procedures Yes No

B. Each employee has a copy of the manual. Yes No

9. When resident(s) needing care and supervision are in the home, one staff member is on duty at all times. (Standard 9) Yes No

A. There is one staff member on call at all times. Yes No

B. There is one staff member in the home at night. Yes No

10. There is an in-service training program for employees of the group home. (Standard 10) Yes No
(List) _____

_____

_____

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A. The group home participates in pre-service training which includes: Yes No

1) orientation to community organizations; Yes No
2) introduction and orientation to the regional mental retardation center and the mental retardation unit of the regional psychiatric hospital; and Yes No
3) on-site training in a group home. Yes No

Licensing and Evaluation

11. The group home has been evaluated within the last year. Yes No

A. It was an external evaluation. Yes No
By whom? _____

B. It was an internal evaluation. Yes No
By whom? _____

C. Recommendations were made. Yes No

D. (If Yes) The recommendations were implemented. Yes No

12. The group home has met all requirements set forth by the following agencies. (Standard 12) Yes No

A. County health department Yes No

B. Local fire authority Yes No

C. North Carolina Division of Facility Services Yes No

13. Persons admitted to the group home are at least 18 years of age or older and are in need of a supervised living environment within a community setting. (Standard 13) Yes No

(If No, explain.) _____

A. At least one-half of the resident population have been transferred from the regional mental retardation centers and the mental retardation unit of the regional psychiatric hospital. Yes No
(What percent have been transferred?_____)

B. An admissions committee has been established. Yes No

This committee has written procedures for residents which include:

1) written criteria and procedures for admission (for example; sex and skill level) for those referred by the regional mental retardation facilities, community and other residential facilities; Yes No

2) referral material for each prospective resident, including medical, dental, psychological, social, vocational, and other appropriate data deemed necessary to the ongoing development of the resident; Yes No

3) personal interview with the individual referred; Yes No

4) a process to orient the resident to the group home program. Yes No

C. Prior to placement, referred individuals and their families, advocate(s), and/or friends had an opportunity to visit the group home and the program in which the individual will likely be involved. Yes No

D. All referred individuals made the final decision to participate in the group home program. Yes No

E. Family, relatives, advocates(s) or friends had an opportunity for input in the decision process. Yes No

14. There is a written procedure and understanding with all parties concerning referral and discharge. (Standard 14) Yes No

A. Referrals have been made when needs of the individual resident no longer were met appropriately within the home. Yes No

B. Documentation has been made as to the reason for referral or discharge. Yes No

15. There is a written agreement between each resident and the group home, which states the responsibility of the group home and the responsibility of the resident. (Standard 15) Yes No

A. The responsibility of the group home includes:

1) documentation of goals developed in conjunction with the resident; Yes No

2) the group home has made provisions with the county Department of Social Services and/or the community mental health center for the development, implementation and periodic review of individual goal plans; Yes No

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3) rate to be charged and method of payment; Yes No
4) resident's right to privacy and leisure time within responsible limits; Yes No
5) information regarding resident's responsibilities in relation to his living in the home, which has been conveyed in such a manner that the resident understands his responsibilities. Yes No

B. The responsibility of the resident includes:

1) accepting responsibilities in the group home commensurate with his interests, abilities, and goal plans to enhance feelings of self-respect and to develop skills of independent living; Yes No
2) respecting the rights of all persons living in the home; Yes No
3) respecting the property of other persons; Yes No
4) agreeing to participate in the group home program; and Yes No
5) sharing in daily chores. Yes No

C. The agreement has been signed and dated by both parties. Yes No

D. The agreement has been reviewed annually by the resident and the group home. Yes No

16. Volunteer services have been utilized by the group home. (Standard 17) Yes No

17. If services exist, Volunteers have received training. (Standard 17) Yes No
From whom? _____

18. An advocate for the individual has been established. (Standard 18) Yes No

19. There is a clearly defined system for the resident to express any grievances or complaints. (Standard 20) Yes No

Briefly describe grievance system. _____
_____
_____
_____

20. Residents are appropriately engaged in competitive employment, a sheltered workshop program (evaluation, training, or work activity) or in an adult developmental activity program. (Standard 21) Yes No

21. There is an education program for staff and residents which involves the principles of accident prevention and control of specific hazards. (Standard 23) Yes No

    A. Fire drill programs are conducted on a monthly basis and when a new resident is admitted. Yes No

    B. Written evacuation plans are posted and reviewed. Yes No

    C. Residents are trained in personal safety habits and safe working and living conditions. Yes No

22. At least one staff member has been certified in first aid training. (Standard 24) Yes No
    By whom? _____

23. The group home program maximizes the residents independent living status. (Standard 25) Yes No

    A. Residents have been moved from more to less structured living; larger to smaller facilities; and larger living units to smaller living units. Yes No

    (If Yes, How many?) _____

    B. Residents have moved from group to individual residence; dependent to independent living; and segregated to integrated living. Yes No

    Describe: _____
    _____
    _____

24. Individual goals have been developed with all residents. (Standard 26) Yes No

    A. These include short-term goals leading up to long-term goals. These are:

    1) built on the strengths of the resident; Yes No
    2) are reviewed on a quarterly basis; Yes No
    3) are date specific and clearly written in positive terms; Yes No
    4) identify staff responsibilities to assure goal attainment; Yes No
    5) have been used for monitoring and evaluating progress of individuals in the program; Yes No
    6) are stated in behavioral terms that are measurable. Yes No

    B. Individual goals are developed in coordination with group home staff and each resident. Yes No

25. A written individual goal plan record has been maintained for each resident. (Standard 27) Yes No

A. It records progress in achieving the objectives specified in the individual program plan; and Yes No

B. has been used as a review, study, and evaluation of the programs provided by the agency for its residents. Yes No

Normalization and Program Guidelines

26. Activities, routines, and rhythms of the program are age and culture appropriate. (Standard 19) Yes No

27. Residents have an opportunity to acquire personal skills that will make them more independent and self-sufficient. (Standard 20) Yes No

A. Residents are counseled and are kept informed of their financial standing. Yes No

B. Residents are allowed to handle their own funds. Yes No

C. Resident's accounts of personal income are in compliance with acceptable accounting procedures. Yes No

D. Each resident sets up a budget. Yes No

E. Each resident has at least one of the following banking services in which he participates (savings, checking, loan). Yes No

F. Residents participate in household purchases (food, household goods, etc.). Yes No

G. Each resident has at least one hobby. Yes No

H. Residents participate in physical fitness activities unless prohibited due to health limitations. Yes No

I. Residents participate in outside chores (care of lawn, flowers, garden, etc.). Yes No

J. The group home has a set of home rules. Yes No

K. Residents are involved in the planning and rule formulation. Yes No

L. Residents have been informed of the consequences of violating the rules. Yes No

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28. Residents are instructed in the use of communication processes and are allowed free and unsupervised use of communication processes unless assistance is needed. (Standard 29) Yes No

A. Residents have access to the telephone for incoming and local outgoing calls. Yes No

B. Residents have access to pay telephones, or the equivalent, for outgoing long distance calls. Yes No

C. Residents open their own mail and packages. Yes No

D. Residents do not have their mail read by the staff, unless requested by the resident. Yes No

29. There is a mechanism whereby residents have an opportunity to express their ideas and concerns which may be incorporated into the program. (Standard 30) Yes No

30. The residents have time for social and psychological development, both individually and in groups. (Standard 31) Yes No

A. The group home has sponsored parties, dances, and other community social events. Yes No
(How often monthly?) _____

B. Residents have engaged in such recreational activities as ballgames, movies, bowling, shopping, trips and excursions. Yes No
(How often monthly?) _____

C. Residents have space available to entertain visitors. Yes No

D. They have the option to have private visits. Yes No

E. Residents visit home, and/or advocate, friends (weekend, holidays). Yes No

F. Residents take trips away from the home; Yes No
They travel with:

1) others in group home; Yes No
2) individually; Yes No
3) other groups (family, etc.). Yes No

G. Residents have been trained in using different modes of transportation. Yes No

H. Residents have self-initiated social contacts. Yes No

I. Residents have an opportunity to date. Yes No

APPENDIX P.1

J. Residents are provided other activities/opportunities for social development appropriate to resident's chronological age. Yes No

K. Resident has opportunities to take part in community activities with non-disabled persons (e.g., at stores, school, church, sports). Yes No

L. When a resident is not personally capable of taking advantage of the community activities, a "buddy system" is available (through a resident, advocate, volunteer). Yes No

M. Residents are involved in planning activities for the home. Yes No

N. Resident's family, advocate, and/or friend participate in group home activities. Yes No

O. The residents are never secluded in a locked room. Yes No

P. Records are maintained of significant maladaptive behavior and actions taken by staff. Yes No

31. Residents are trained to exercise maximum independence in the selection, use, and maintenance of their own clothing. (Standard 32) Yes No

A. Residents select and purchase their own clothing as independently as possible. Yes No

B. Residents select their daily clothing and dress themselves appropriately according to the activities in which they plan to engage. Yes No

C. Residents launder, mend, and iron their own clothing. Yes No

D. Residents have space for personal items (closet, dresser, mirror). Yes No

E. Residents have lock and key for private possessions available to them. Yes No

F. Residents have keys to group home (outside doors). Yes No

32. Residents exercise independence in: (Standard 33)

A. bathing; Yes No

B. brushing teeth; Yes No

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C. shampooing; Yes No

D. combing and brushing hair; Yes No

E. shaving; Yes No

F. caring for toenails and fingernails; Yes No

G. personal hygiene. Yes No

33. Residents are encouraged and assisted to use and maintain in good repair the use of dentures, eyeglasses, hearing aids, braces, etc., prescribed by appropriate specialists. (Standard 34) Yes No

Resident's Rights

34. The facility has a written statement of policies and procedures that: (Standard 35)

A. assures the civil rights of all residents; Yes No

B. are in accordance with the Declaration of General and Special Rights of the Mentally Retarded of the International League of Societies for the Mentally Handicapped; and Yes No

C. describe the means of making legal counsel available to residents for the protection of their rights; Yes No

D. residents are addressed as adults by the group home staff, etc.; Yes No

E. residents are provided the dignity of risks (opportunity to display independence or encourage self-determination). Yes No

Health and Medication

35. All residents have received an annual physical and dental examination. (Standard 36) Yes No

36. A plan has been implemented for obtaining medical, dental, and related services, covering emergencies. (Standard 37) Yes No

A. Contracts have been made with the county health department and other ancillary agencies. Yes No

B. Health insurance for residents is available (the resident may be eligible for Medicaid services, for example). Yes No

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C. Resident has designated physician or hospital service in case of emergency. Yes No

D. Resident has designated dental service available in case of emergency. Yes No

37. The group home has a written policy regarding medication. Yes No

A. No medication has been administered to a resident without a written order by a physician. Yes No

B. Prescription (controlled substance) medication has been accompanied by a physician's statement on file in the resident's record. Yes No

C. No medication has been left in resident's room except as authorized in written statement from the resident's physician. Yes No

D. Residents manage their own medication upon demonstration and documentation of skills necessary to do so safely and a written statement from the resident's physician. Yes No

E. The group home has a systematic training program to help each resident become less reliant on drug administration by staff and more self-reliant regarding drug administration. Yes No

F. Medication is plainly labelled with the name, address, and registry number of the pharmacy; name of the physician; date of dispensing and name of dispensing pharmacist; resident's name; directions for use; and name of the medication. Yes No

G. Medication is stored in an orderly manner in a well-lighted cabinet, under proper condition of temperature, light, moisture, and security. Yes No

H. When refrigeration is required, provisions are made for separating medication from food. Yes No

I. If a physician orders medication discontinued, it is stored in unused compartment separate from regular medication for a period of up to 60 days, after which it shall be destroyed. Yes No

J. When a resident leaves the home, his medication has been given to him or his family or the person responsible for making the placement. Yes No

K. Medication for a resident who dies has been placed in a sealed bag for a reasonable period of time and then, if no question of reason for death, has been destroyed. Yes No

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L. All external medication is stored separate from internal medication. Yes No

M. Disinfectants and cleaners are stored in the medicine cabinet. Yes No

N. Programs designed to gradually reduce the tranquilizers intake of residents are under the supervision of a qualified physician. Yes No

O. Tranquilizing drugs are distinguished from medication used for other purposes, such as for seizure control. Yes No

P. Medications for all residents are re-evaluated and reauthorized every six months. Yes No

Counseling and Guidance

38. The program staff has conferences with resident. Yes No
(How often?) _____
(By whom?) _____

39. Individual counseling is available to residents. Yes No
(How often?) _____
(By whom?) _____

40. Guided group discussions are held with residents. Yes No
(How often?) _____
(By whom?) _____

41. Vocational Rehabilitation has been involved in setting resident's vocational goals. Yes No

42. Evaluation of resident's work potential is recorded in program's records. Yes No

43. Residents can select alternatives in vocational training. Yes No

44. Records are kept of employment placement opportunities in the community. Yes No

45. Follow-along service is provided to upgrade and re-evaluate resident's employment potential as needed or requested. Yes No

Community Relations

46. Local news media is used in the form of:

A. Newspaper Yes No

B. Radio Yes No

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C. Television Yes No

D. Other Yes No
(List) _____

_____

47. Resources are available to make public presentations on group homes. Yes No
(By whom?) _____

_____

48. Written general information about the group home is available. Yes No

49. Visitors are encouraged to visit when they do not infringe on residents' right to privacy. Yes No

Economy

50. Residents make use of free leisure time programs and facilities. Yes No

51. Residents make use of the free community services. Yes No

52. Program exercises economy in food purchases. Yes No

53. Program exercises economy in equipment purchases. Yes No

54. The group home has a specific name. Yes No
(If Yes) Name: _____

55. The inside of the home has a homelike appearance (warm, cheerful interior). Yes No

56. Household furnishings are non-standardized (e.g., bedrooms are not furnished identically). Yes No

57. The bedrooms are individually decorated with resident involvement concerning his or her room. Yes No

58. Group home is geographically located to afford a separation of activities (work, leisure, etc.). Yes No

59. Home is located close to public transportation. Yes No

60. Home has transportation available to meet various program needs (work and leisure). (Standard 16) Yes No

61. Location of the home is accessible to shopping centers and recreation facilities. Yes No
(How far?) _____

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62. Home environment (facility, furnishings, and surroundings) are age appropriate. Yes No

63. An up-to-date inventory is maintained for all items owned by the home. Yes No

SUGGESTED RESIDENT INTERVIEW GUIDE

I am here to talk with you about your home. The best homes provide a place for you to live and learn by doing things. Your group home manager would like to provide this type of place for you. In order to make improvements in your home, we need to know more about your likes and dislikes. We appreciate your help.

General Instructions:

Use the following only as a guide for subjects to be discussed. More general questions may be used for very responsive residents and more structured questions may be necessary for less responsive residents. If possible, write notes after the interview has been completed. You may prefer to interview residents individually or as a group; such a determination should be made by the interviewer.

****

1. How do you like living in this home?
2. What do you do during the day?
3. Do you select your own: clothing?
   toilet articles?
   free-time activities?
   food?
4. Are you free to do most of the things you want to do?
5. Have you been to a doctor? If yes, when and for what?
6. Have you been to a dentist? If yes, when and for what?
7. What do you do when you are sick?
8. Are you receiving training and education? If so, where?
9. Do you have someone to talk with about the things you do every day? If so, who?
10. Are there skills you want to learn?
11. Do you want someone to talk with you about the skills you want to learn?

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12. If you have a problem, do you have someone to talk with about your problem?

13. Do you like your work?

14. Do you earn enough money to do the things you like?

15. Do you have a bank account?

16. Do you get to buy the items you like? If so, what items?

17. Do you have a plan for spending money? Does anyone help you make this plan as to how you spend your money?

18. Do you visit with family and friends? How often? How long a visit?

19. What did you do during your vacation?

20. Did you enjoy it? How did you travel?

21. What type of sports do you enjoy? How often? Do you have a hobby? If so, what is it?

22. Do you help plan group activities with the others living in the home with you? What do you enjoy doing with your free time?

23. What would you like to change in your home: outside?
inside?
bedroom?
furniture?
location of home?
activity program?
work?

24. Do you have a place for your personal belongings?

25. Do you have duties to help keep the home neat? What are your duties? How were these jobs assigned?

26. Do you go to church? Who do you go with? Do you like to go to church?

27. Do you go to the stores by yourself?

28. Do you go to the movies by yourself?

29. Do you have to do anything that you do not like?

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30. What happens when you do something wrong: outside of the home?
on the job?
in the home?

31. If you disagree with the rules in your home, to whom do you go?

32. What are the things you like most about your home?

33. What are the things you dislike most about your home?

APPENDIX O

COMMUNITY RELATIONS

Introduction

This section of your manual is devoted to public education strategy which is necessary for the achievement of your immediate and long-range goals.

As soon as a community has decided a group home is desired, a good public education program should be planned. Community acceptance can help. It can be gained by making the community aware of and supportive of the needs of the developmentally disabled. A plan of action should be developed that is sensitive to the unique character of the community. A cookbook approach to community relation could possibly be counterproductive. However, certain basic issues and information are presented below to provide some of the resources useful in developing almost any plan.

There are two basic reasons for developing a plan of action for implementing your project:

1. An organized effort with clearly defined steps will work best. Without a strategy, you are subject to all manners of surprises, unexpected hurdles, etc., and negotiations with possible compromises of your plans.

2. Your plan of action should account for potential opposition from government and/or private agencies. When opposition appears, be prepared to take a constructive but aggressive stance. A defensive position puts your project at a distinct disadvantage.

The people for whom we are advocates cannot always speak for themselves. Therefore, we must speak twice as loud. Prepare a list of various community groups and organizations; seek out opportunities to speak with these groups to present the whole picture of the group home program and how the community as a whole will benefit.

Suggested check list should include:

Local Government --

_____ County Commissioners
_____ City/Town Council
_____ Area Mental Health Board
_____ Fire Department
_____ Police
_____ Other

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Public Agencies --

_____ Department of Social Services
_____ Public Health Department
_____ Vocational Rehabilitation
_____ Employment Security Commission
_____ Public Schools
_____ Other

Private Agencies --

_____ YMCA/YWCA
_____ Salvation Army
_____ Boy Scouts/Girl Scouts
_____ Employment Agencies

Religious Organizations --

_____ Churches

Professional Groups and Associations --

_____ Interagency Council
_____ Medical
_____ Dental
_____ Professional Women
_____ Personnel Association
_____ Real Estate
_____ College
_____ Other

Special Interest Groups --

_____ N.A.R.C.
_____ P.P.H.C.
_____ Sheltered Workshop/ADAP

Civic Groups --

_____ Lions Club
_____ Jr. Womens Club
_____ Womens Club
_____ Civitans
_____ Others

Organized groups or individuals who are helping with the project should also be kept well-informed of the project goals and purposes. Volunteer groups and individuals should also be informed as to the specific tasks expected of them.

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Existing media resources (newspaper, radio, television, etc.) should be used with discretion to help develop strategies for dissemination of public information.

Community relations can eliminate many problems before they arise and will smooth out the rough spots as the project is implemented. The North Carolina Division of Mental Health conducted a study in 1975, examining the experiences groups have had with communities in which group homes were to be placed. Issues raised by the community and how they should be dealt with are summarized in a short report located in this appendix. Since these findings represent experiences other North Carolinians have had, this report can be very relevant to the situations you may encounter.

The following may assist a group in developing a public education program. It is strongly recommended that this section of the manual be reviewed and discussed thoroughly prior to notification of the general public that a group home is being planned.

APPENDIX Q.1

PROBLEMS IN ESTABLISHING A GROUP HOME

Introduction

Persons establishing a group home for the mentally retarded in a residential community not only must be sensitive to the community's normative structure and life style, but also must conform to administrative and bureaucratic regulations and constraints set forth by an array of governmental agencies. Surprisingly, the manner in which group home developers have traversed this course never has been the subject of a comprehensive survey of persons knowledgeable about and instrumental in developing such homes.

Most of the relevant research have been attitudinal surveys of selected population categories including the parents of mentally retarded children (Bitter, 1963; Blumburg, 1965), institutional employees (Babow and Johnson, 1969), professionals (Harth, 1971; Fine, 1967), normal peers of retarded students (Jaffe, 1967; Straugh, 1970), as well as some community cross-sectional studies (Segelman, 1976). Inferences drawn from these studies have been so inconsistent that much of their validity has been questioned. Gottlieb and Corman (1974) point out a methodological flaw in the practice of conceptualizing attitudes as a unidimensional phenomenon and demonstrated through factor analysis that attitudes toward the mentally retarded are composed of as many as four independent factors -- segregation in the community, segregation in the classroom, perceived physical and intellectual handicap, and positive stereotyping. Another cuase of these inconsistencies may stem from the varying context of the attitudes gauged. Polonsky (1961) states, *"Individuals do not react solely on the basis of pressures from within; they are also responsive to environmental pressures."* The volatility and unpredictability of attitudes toward the mentally retarded was demonstrated tragically in a community where initial acceptance of a group home suddenly changed to organized resistance once the house was leased by the mental health, mental retardation center (Siegleman, 1976). The best way to study and predict community reactions to a group home is to go beyond attitudinal studies and *"investigate the actual behavior toward actual (mentally retarded) persons"* and their homes (Jaffe, 1967).

Methodology

To learn more about community reactions, group home developers in North Carolina were asked a series of fixed response and open-ended questions covering that period between the initial desire to open a group home through its formal opening or premature termination of efforts (failures). A total of fifty-one interviews were conducted during 1976, with respondents representing each of the fifty-one (51) serious efforts to open a group home for the adult mentally retarded. Questions dealt with the socio-demographic setting of the home, administrative processes (such as licensing, staffing and resident selection), and community relations. Although much of the information was statistically summarized, the survey was basically a series of case studies.

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The Setting

North Carolina group homes usually are located in the central or transitional zones of cities or large towns. Their neighborhoods are usually while, fairly stable (little in- and out-migration), and inhabited by lower middle and upper lower class white families headed by employed males. Though small in number, several homes were placed in deteriorating neighborhoods characterized by instability (11.8% of the cases), high unemployment (2.0%), and dependent on welfare agencies (7.8%). That these group homes possibly have been placed in neighborhoods in violation of the normalization principle should be a concern to those who do not consider these locales conducive to the making available to the mentally retarded patterns and conditions of everyday life which are as close as possible to the norms and patterns of the mainstream of society.

Perhaps the more remarkable statistic relates to the preponderance (88.2%) of group homes placed in "desirable" neighborhoods given the constraints impeding yet rushing site selection. Out-dated zoning regulations, resistance from suburbanites, generalized intolerance of difference, publicity about ill-fated group homes and drug houses have compelled many site-selection persons to search the downtown where numerous homes are vacant or at least available and large enough to accommodate the 4 to 10 residents and staff. These neighborhoods are so heterogeneous that different life-styles co-exist almost anonymously and "difference" usually is tolerated if and when perceived.

Administrative Processes

After the completion of the sometimes arduous task of finding a suitable structure, the group home developers must deal with formal agencies in order to secure funding, obtain staff and residents, become licensed, and lease or purchase a house. Imbedded in the process are a host of problems which to varying degrees retard or shatter efforts to establish group homes. In general, staff and resident selection, along with licensing and funding constitute the most prevalent difficulties, while mental health and retardation agencies and special interest groups can be counted on for considerable assistance free of pitfalls. Listed below are the many problems with some explication and examples.

1. In over half the cases (54.9%) respondents discussed difficulties with mental retardation centers (i.e., inpatient facilities for the mentally retarded) in obtaining suitable group home residents. Centers were accused of "making release (of residents) difficult by dragging feet;" "not supplying qualified residents;" "not giving adequate information about residents;" and "dumping of people who wouldn't even be qualified."

2. The second most prevalent concern (occurring in 47.1% of the cases) involved the communication and enforcement of group home standards by the North Carolina Division of Facility Services (a state licensing agency). Respondents either implied or stated that the expectations coming from the Division of Facility Services often have been very stringent, inconsistent or too hazy, often resulting in costly delays and expensive renovations. Respondents experiencing fewer difficulties have been more experienced and utilized their awareness of the standards to help them select a site.

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3. Staffing of group homes constitutes the third most common source of difficulty and perhaps the most chronic and debilitating one especially in the more rural parts of the state. Over two-fifths (41.5%) of the respondents quickly exhausted their list of applicants and had to search desperately for group home managers and often had to consider delaying the opening of the home. Among the possible explanations are the setting of too high standards for the positions, vague job descriptions, low salaries, the nature of the work, and inadequate job recruiting techniques which often begin too late and occur in a haphazard fashion.

4. Funding difficulties, a problem in 41.2% of the cases, often resulted from the rush to open the homes before the fiscal deadline was reached and the money reverted back to the state.

5. Fire authorities in one-third (33.3%) of the cases required extensive renovations in the home by demanding the installation of fire escapes and smoke detectors. These often expensive and time-consuming alterations often came as surprises to group home developers who often feel these requirements may be too stringent.

6. Problems leasing or renting the house also occurred in one-third (33.3%) of the cases when negotiations over the lease bogged down or resulted in a document generally unfavorable to the group home in the amount of rent or repair liability.

7. Zoning regulations, posing difficulties for 25.5% of the cases, often presented group homes with the most severe test since most communities used them to challenge the right of the group home to exist. Meetings with zoning board were necessary to review and interpret the codes to determine the legitimacy of complaints from persons opposed to the opening of the home.

8. Difficulties with departments of social services (occurring in 23.5% of the cases) usually centered on reputed personality conflicts with DSS workers, "unrealistic" and often uncommunicated standards and the refusal to serve out-of-county residents.

9. The final major problem was in obtaining satisfactory training for group home managers and developers, which either never came, was too late, or of little benefit to 21.6% of the respondents.

Community Relations

Of considerable importance is the relationship of the group home to the informal community structures. Community reactions to the homes resemble those expected from the placement of any group home, be it for the emotionally disturbed, the alcoholic, the drug abuser, or the mentally retarded. Community resentment usually stems from fear of physical harm, sexual deviance, loss of property values or intolerance of racial-sexual integration (see Table 1). Each of these issues was raised in 24% to 28% of the cases and resolved less than half the time. The only major success, group home developers had alleviating the anxieties of neighbors, occurred with regard to resident super-

vision; this issue, reported in 24% of the cases, was resolved two-thirds of the time. The others, in the opinions of the respondents, created major problems impeding or preventing the opening of the home (see Table 2). Whether or not alarmed neighbors can be relaxed and enlightened is not known. The existing evidence suggests that group home developers knowledgeable about public relations and the effects of group homes upon neighborhoods beyond their personal experience and anecdotes are rare since little relevant formal training in public relations has been offered. No respondents knew of any research studying the impact of group homes on property values or could quote statistics demonstrating the peacefulness of mentally retarded group home residents. Mere assurances that such fears are unfounded has been insufficient to convince threatened neighbors fearing the disintegration of their neighborhood and home investments.

Once battle lines have been drawn between the group home and neighbors, the struggle often shifted to a new forum involving the judiciary, state government, or local government agencies (e.g., fire authority and zoning board). The opponents to the group home by this time may have signed petitions, hired attorneys and solicited the support of politicians and other influentials. The struggle is transformed into an attack on the legality of the home as defined by zoning codes and adherence to other state and local regulations resulting in more intense news coverage, the involvement of more community organizations, and crank calling. Any conceivable blunders or oversights the group home developers may have committed possibly becomes the basis for charges, such as the failure to publicize the opening of the group home or canvas the attitudes of the neighbors, violation of zoning codes, and alleged colusion between the group home developers and the owners.

In all but six of the fifty-one group homes surveyed, the group homes did open though not always on time and without turmoil. Lessons learned from successes and failures, though offering no panacea, do suggest several courses of action.

The most generally accepted approach stresses a Machiavellian stance whereby the group home is established secretly and presented as a *fait accompli* to the community. Neighbors, seeing the home in existence, may be disgruntled but will soon realize that the group home residents are basically harmless and that any resistance would be fruitless. Advocates of this orientation see extensive public relations and neighborhood canvassing as counter-productive, possibly igniting resistance by encouraging open discussions of possibly explosive topics in a setting which could promote organized resistance. The ostensible successes group home developers have had following this approach testifies to its prevalence, but not necessarily to its viability since no one knows what would have occurred with a more open approach.

APPENDIX O.1

Machiavellianism not only seems anathema to an open society but also increases the group home's vulnerability in the event of a news leak. If discovered, those seeking to establish secretly a group home of dubious value and potential harm to the neighborhood may alienate not only the community but also the press and politicians representing them. Several group home developers attribute much of their difficulty to their furtive approach.

Given both sides of the argument, one should consider refining one's community relations orientation so that different approaches are utilized in different situations. At least an informal community canvas should be done in white suburbs, and in rural areas especially if the community has recently fought the opening of a similar facility or is anxious to resist any change (e.g., the invasion of blacks). This canvas could illuminate the nature and intensity of attitudes, the existence of potentially dangerous organizations, and the viewpoints of powerful and influential persons. Such public or secret meeting with potential adversaries could forewarn group home developers of any danger and thus encourage them to mobilize their own strength. Under these circumstances, strict adherence to state and local regulations as well as seeking powerful alliances could protect the group home from protracted legal battles and bad publicity. Lengthy meetings with opponents, as stated earlier, could be counterproductive given the fact that in less than half the cases have group home opponents been dissuaded.

Less concern over community relations need be given to heterogeneous neighborhoods in the inner city and transitional zones. Their inhabitants live with a great diversity of "deviance," possess little community pride or loyalty while remaining basically private and anonymous. These neighborhoods are often already replete with commercial enterprises, group quarters and small industries.

Whichever approach is adopted, care must be exercised rationally by persons trained in community relations and politics so that the most efficient and effective course is adopted. Without such careful planning the crusade for "normalization" and deinstitutionalization of the mentally retarded will suffer an inordinate and costly series of handicaps.

APPENDIX O.1

Table 1:

ISSUES AND CONCERNS RAISED BY COMMUNITY (NEIGHBORHOOD) RESIDENTS*

	Not Raised		Raised Resolved		Raised Partially Resolved		Raised Not Resolved	
	%	(N)	%	(N)	%	(N)	%	(N)
Danger of group home residents to community	72.0	(36)	12.0	(6)	2.0	(1)	14.0	(7)
Sexual deviance	74.0	(37)	10.0	(5)	2.0	(1)	14.0	(7)
Sexual-racial composition of home	74.0	(37)	12.0	(6)	4.0	(2)	10.0	(5)
Supervision of group home residents	76.0	(38)	16.0	(8)	0.0	(0)	8.0	(4)
Impact on property values	78.0	(39)	6.0	(3)	2.0	(1)	14.0	(7)
Reason for deinstitutional-ization	82.0	(41)	10.0	(5)	2.0	(1)	6.0	(3)
Why the community (neighborhood) was selected	86.0	(43)	0.0	(0)	2.0	(1)	12.0	(6)
Danger to group home residents	86.0	(43)	6.0	(3)	2.0	(1)	6.0	(3)
Sterilization	94.0	(47)	2.0	(1)	2.0	(1)	2.0	(1)
Permanence of group home	94.0	(47)	2.0	(1)	2.0	(1)	2.0	(1)

*Based on 50 responses

APPENDIX Q.1

Table 2:

ISSUES AND CONCERNS RAISED BY COMMUNITY CREATING MAJOR DIFFICULTIES*

	%	(N)
None	74.0	(37)
Impact on property values	14.0	(7)
Danger of group home resident to community	12.0	(6)
Sexual deviance	6.0	(3)
Sexual-racial composition of home	6.0	(3)
Supervision of group home residents	4.0	(2)

*Percentages total more than 100 due to some multiple responses.

APPENDIX Q.1

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APPENDIX Q.2

SUGGESTED READING LIST

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2. Mental Retardation: Nature, Cause and Management. George J. Baroff. V. H. Winston and Sons, 1511 K Street, N.W., Washington, D.C. 20005, 1974.

3. Normalization. Wolf Wolfensberger. National Institute on Mental Retardation, York University Campus, 4700 Keele Street, Downsview, Toronto, Canada, 1972.

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5. A Common Sense Approach to Community Living Arrangements for the Mentally Retarded. John W. Fanning, M.S., B.A. Charles C. Thomas Publishers, Springfield, Illinois, 1975.

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12. PCMR, Newsclipping Service, August, 1975, Washington, D. C. 20201.

13. The Laws and the Mentally Handicapped in North Carolina. H. Rutherford Turnbull, III, and Carolyn M. McAllaster. Institute of Government, University of North Carolina at Chapel Hill, 1976.

SUGGESTED FILMS

The following films can be obtained from:

The Film Library
Division of Health Services
Raleigh, North Carolina 27602
Telephone: (919) 733-4371

Coming Home (Excellent Film) Color 27 min.

This film is about Charlotte, a girl in her late teens who leaves a state institution to live at Elm House, a residential home for the retarded. There she shares a "family life" with 11 other retarded young adults. She also begins a training program where use of community work and play resources are emphasized -- a program which recognizes her right to full citizenship and self actualization. This film is also about some of Charlotte's neighbors, some who have come to know her as a helping friend and others who are "considering ways of removing the home for the retarded from Elm Street." The fears and misconceptions held by these neighbors are aired at a public meeting held with the director of Elm House, High School, College, and Adult Groups.

Beyond the Shadows Color 26 min.

This film is the story of mental retardation seen as a community problem. Nearly 3 percent of the entire population are handicapped to some extent by mental retardation or mental deficiency, constituting the largest single group of handicapped people. Mental retardation results from injury or mal-development of delicate nerve tissue in the brain. This damage may be caused by innumerable factors -- ranging from disease to abnormal blood chemistry -- and is generally irrepairable. Consequently, the mentally-deficient individual must face a lifetime of limited expectations, a lifetime in partial shadow. The film reveals both problems and demonstrates how, through self-initiated effort, a community can take steps to overcome its fear and prejudices and unite in a program to help its mentally handicapped. Especially good for civic groups.

To Borrow Films:

1. Forward your request as far in advance as possible (AT LEAST TWO WEEKS) of the date on which visual aid will be used. WE MUST HAVE TWO WEEKS NOTICE OR WE CANNOT ASSURE YOU OF RECEIVING DESIRED FILMS. If possible, specify alternate dates and titles in order of your preference. We must insist that you adhere to this policy as we do not have sufficient personnel to take care of last minute requests.

APPENDIX Q.3

2. Identify yourself, your organization, or your group for which request is made. Please be sure to give your address in full. Films described as being for professional use are lent only to health agencies, professional societies, and to individuals engaged in the health and medical professions. ALSO, PLEASE GIVE YOUR TELEPHONE NUMBER ON EACH FILM REQUEST.

3. In ordering films, please use our Health Film Request Form when possible. List each film desired on separate lines, using a separate line for different dates. DO NOT WRITE IN LEFT MARGIN SPACE.

All My Buttons

Illustrates a few contemporary problems associated with a developmentally disabled citizen's attempting to lead a normal life.

28 min. Color UNC
Division for Disorders of Development
and Learning,
Chapel Hill (D.D.D.L.)

Chance to Live Film: 1970, 18 min., 16 mm, sound, color

Described are two programs for the mentally retarded in Tennessee and South Carolina. Halfway houses are shown which encourage mentally retarded citizens to learn to live in an independent social and economical way. Houseparents in these homes are interviewed, with emphasis placed on their encouraging community employment.

Write to: South Carolina Association for Retarded Citizens
1517 Hampton Street
Columbia, South Carolina 29202

A Family of Friends Film: 1975, 7 minutes, 16 mm, color. Slide/tape show also available.

Depicted is life in a group home for five moderately retarded men and women. Included are normal household activities, use of community recreational facilities, conversations with natural parents, and interviews with neighbors.

Write to: Adult Activity Center
3507 Columbia Pike
Arlington, Virginia 22204

APPENDIX Q.3

Merging Right Produced by University of Denver. Film: 1974, 30 minutes, 16 mm, color.

This view of life in group home presents several age levels of boys and girls. This could serve as an introductory film to acquaint parents and professionals with a group home lifestyle.

Write to: Department of Institutions
Dick Spurr
4150 South Lowell Boulevard
Denver, Colorado 80236

APPENDIX Q.4

QUESTIONS AND ANSWERS REGARDING GROUP HOMES

Certain questions continually asked about group homes and their residents are presented below with suggested answers. Although not comprehensive, they provide a structure upon which you may build your responses.

1. Who lives in the residence?

Depending on the size of the house anywhere from four to nine mentally retarded adults, plus the house manager(s). The residents have been carefully screened and selected for their ability to live productively and responsibly in the community. No one is accepted who is not ready for group home placement and is already able to function at least semi-independently. About half of the residents have come from the large state mental retardation institutions, and this may be their first chance to live as productive, respected members of society. These people originally came from the community in which the group home is located. The group home program may be the most important opportunity of these people's lives. They deserve a chance.

2. What kind of supervision do they have?

In addition to the housemanagers, there is a substitute housemanager(s), Group Home social worker and/or a Group Home Coordinator, as well as other professionals on a consultant basis. The homes are licensed by the State Division of Facility Services. They are operated by a non-profit board; funding is from the State Division of Mental Health through the Regional Mental Health Office to the Area Mental Health Program, who, in turn, contracts with the local non-profit board.

3. What do the residents do all day?

Some work at regular jobs - gardeners, dishwashers, janitors, waitresses, etc. Retarded people are known as excellent workers - reliable, dedicated, enthusiastic, and proud (ask anyone who has hired retarded people). Those not yet capable of competitive employment may work in a Sheltered Workshop/ Adult Development Activity Program (for which they are paid in accordance with their production), receive Vocational Training, or attend an Adult Developmental Activity Program to develop their intellectual and social skills. Each and every resident is involved in some type of work program outside the home, five days a week.

4. What do the residents do with their leisure time?

They spend their evenings and weekends pretty much as everyone else does - watching TV, shopping, eating out, going on picnics, going camping, participating in household chores, going to church, visiting family and/or friends, etc. Nothing exceptional - but for some who have lived in a big institution for years, it's a whole new world.

APPENDIX O.4

5. Aren't retarded people more likely to be involved in criminal activities? Aren't they more violent and irrational?

In one word - no. Frequency of arrest, crimes of violence, drug abuse, and other anti-social behaviors are no more common among mentally retarded persons than among any other segment of the general population. If anything, mentally retarded people are less likely to get involved in anything criminal because they are extremely eager to be accepted and respected as full adults and responsible citizens.

6. Won't the Group Home lower property values in my neighborhood?

There is no reason or evidence that it will. Houses, either bought or rented for use as group homes, are kept in extremely good repair and meet all safety, health, and fire standards; property improvements are frequently made. The residents are responsible people who can be an asset to their community. They are not destructive to property. In communities where group homes have already been established such initial fears and anxieties have proven groundless. A group home should be a welcome addition to any neighborhood.

7. But won't more group homes start to move into our town?

This depends on the size of the town. No group home can have more individuals than can be absorbed into the existing neighborhood (maximum number in a group home is 9), and the group homes must be geographically distributed so the residents are assured of adequate services from available community resources. It is no one's intent to "move in" on a neighborhood with several group homes when the community cannot accommodate them.

8. Why can't these people be kept in institutions? Isn't it better for them?

"These people" don't like to live in institutions any more than you or I would. They want, and need, the chance to grow and learn and develop to their fullest potential - and they can only get that opportunity in the real world, in the mainstream of society. Separating retarded people, "putting them away," only serves to increase their problems as it would for any disadvantaged group. We now know that social factors (neglect, lack of stimulation, emotional deprivation) can contribute significantly to the condition known as mental retardation.

Mental Retardation is not an incurable disease, the victims of which should be isolated and treated as something less than human. It is a condition that can occur in any family, anywhere. The label "mentally retarded" tells us nothing about the kind of person someone is, his or her hopes and dreams and style of living in this world. Retarded people have the same "inalienable rights" to life, liberty, and the pursuit of happiness as do all citizens in a free society. We cannot exclude them from those rights.

APPENDIX Q.4

As far as the issue of their own safety, there is another right to which retarded people are entitled: the right to take risks. Treating a grown-up person like an eternal child, never allowed the freedom to make his own choices, never held responsible for the consequences of his actions, never able to succeed or fail by his own efforts - is to deny that person some of the deepest satisfactions of independence and adulthood. Certainly it is safer to remain inside, behind closed doors, never risking a single step - but who among us would wish to stay that way, when the sunlight of opportunity and experience and a whole new life is shining so strongly outside those doors?

9. Isn't the community residence costly to the taxpayer?

It isn't as costly as keeping a person in a State Institution. Many of them will eventually be employed, supporting themselves either partially or in full, and contributing their energies and talents to society. The decentralization of services - that is, using local medical, dental, mental health and social services - represented by the creation of small group homes for retarded adults instead of huge, distantly-located institutions, is another money-saving aspect of the program. Also, group homes provide income to the communities in which they are located through purchase of food, clothing, furniture, recreational spending, etc.

10. How should I treat these people?

Treat them as you would any new neighbors. Just as any other people, they will learn their way around their new community. You have a choice; accept them as new friends or ignore them. Either way, you will sooner or later realize that they are pleasant additions to your neighborhood.

11. How are the residents helped?

We believe that giving people a chance to live like anyone else can only be of benefit to them. Life in a normal home gives all people a chance to develop their potentials so that they can be truly equal American citizens, not a discriminated against minority stuck away in an institution. Even though we feel this is self-evident, the Division of Mental Health supported a study (An Evaluation of the Effectiveness of Group Homes in North Central Region of North Carolina, 1974-75 by Stephen R. Schroeder and Carol Henes) of persons living in a group home. The findings confirmed our beliefs about the benefits of group homes and the danger of institutions. Compared to very similar people living in mental retardation centers, persons in group homes were better able to take care of themselves, communicate, and get along with others. We believe that this occurs because group homes give persons a chance to use those skills they have already learned.

APPENDIX Q.5

OTHER QUESTIONS OFTEN ASKED BY NEIGHBORS

The following questions have proven useful and are suggested as a guide should a request for TV or radio appearance, speech appearance at a public meeting, etc., as a tool in preparation.

1. What are group homes? Why have group homes? Where are they generally located?

2. Why place retarded persons in group homes?

3. Can one really see a difference in these retarded person's growth compared to those who remain in institutions?

4. Is this a final and/or permanent placement?

5. How many group homes in the area? In the State?

6. What are some of the activities provided at a group home?

7. Do the residents work? Can they? What kind of jobs can they do?

8. What is cost for institutional care as compared to group home?

9. How does the State of North Carolina compare with other states?

10. Who operates the group home?

11. What is mental retardation? What is the difference between mental retardation and mental illness?

12. What type of people are we talking about? What are the advantages and disadvantages of a group home?

13. Why has there been opposition to group homes in some locales?

14. Why move residents out of the institution?

15. What are the advantages living in residential neighborhoods vis-a-vis rural settings?

16. Are the residents dangerous?

17. What effect does a group home have on neighborhood property values?

18. Are the residents supervised? If so, how much?

19. How and where are group homes funded?

20. What is a typical day in a group home? week-end? What type activities occur in the home?

APPENDIX 0.5

21. Do homes have to be licensed? If so, by whom? And how does this differ from "normal" home?

22. Where do residents come from? Institutions? Community?

23. What are some social activities that they are interested in? Do they date?

24. As a practical matter, has the group home concept been successful?

25. How are the medical and dental needs of the resident in a group home met?

26. How do you see the community at large involved in the development and operation of a group home?

APPENDIX Q.6

A SAMPLE COMMUNITY RELATIONS ARTICLE ON GROUP HOMES

THE MENTALLY RETARDED ARE PEOPLE TOO

What if you had no right to choose where you wanted to live, own or sell property, marry and have children, vote, receive an education or fair wages for hard work, and have time to do just what you wanted? Many of the "understood" rights which we take for granted could very well be denied if you were mentally retarded. In the past some of the mentally retarded have had little privacy and have lived in crowded conditions with an enforced and regimented way of life. They have been ignored and not thought of as individuals and have attended school or undergone vocational training in unsightly surroundings. Often the mentally retarded were not involved in decisions affecting themselves and their future.

Most people feel the mentally retarded are incapable of thinking, feeling, and living a "normal" life. But who can adequately define "normal?" It can mean different things to many people.

These dehumanizing factors and other events have been a daily reality facing the mentally retarded.

Parents of from six to eight million mentally retarded children and adults are faced with this very problem. It is estimated that approximately three percent of the population is retarded.

The retarded individual is usually regarded as a person who from birth develops at a slower rate of progress and who encounters greater difficulty in learning, social adjustment and economic productiveness than does the "normal" person.

APPENDIX O.6

The developmentally disabled person, however, has a condition caused either by mental retardation or some later circumstance in life. This could be cerebral palsy, epilepsy, or other neurological condition or social deficiency which would require similar treatment as that of the four degrees of mental retardation: mild, moderate, severe, and profound.

A new direction toward deinstitutionalization and normalization has come about in the last few years with a greater stress on the development of alternatives to institutional care for the developmentally disabled, especially certain mentally retarded persons.

One of the more positive developments for the developmentally disabled and mentally retarded has been special living arrangements or group home programs. The group home provides an individual the opportunity to progress at his own speed in an environment that is supportive to positive growth and development. This provides hope for the individual and his inherent rights as a human being.

The group home's goal is to provide the mentally retarded adult the chance to live in a normalized environment. The people of a county may see the need for residential care for their mentally retarded citizens. The emphasis is for the retarded citizen to live as anyone else normally would. As a Danish architecture once said, "The mentally retarded are people. People live in houses, not institutions."

DECLARATION OF GENERAL AND SPECIAL RIGHTS OF THE MENTALLY RETARDED

Whereas the universal declaration of human rights, adopted by the United Nations, proclaims that all of the human family, without distinction of any kind, have equal and inalienable rights of human dignity and freedom;

Whereas the declaration of the rights of the child, adopted by the United Nations, proclaims the rights of the physically, mentally or socially handicapped child to special treatment, education and care required by his particular condition.

Now Therefore

The International League of Societies for the Mentally Handicapped expresses the general and special rights of the mentally retarded as follows:

ARTICLE I

The mentally retarded person has the same basic rights as other citizens of the same country and same age.

ARTICLE II

The mentally retarded person has a right to proper medical care and physical restoration and to such education, training, habilitation and guidance as will enable him to develop his ability and potential to the fullest possible extent, no matter how severe his degree of disability. No mentally handicapped person should be deprived of such services by reason of costs involved.

ARTICLE III

The mentally retarded person has a right to economic security and to a decent standard of living. He has a right to productive work or to other meaningful occupation.

ARTICLE IV

The mentally retarded person has a right to live with his own family or with fosterparents; to participate in all aspects of community life, and to be provided with appropriate leisure time activities. If care in an institution becomes necessary, it should be in surroundings and under circumstances as close to normal living as possible.

ARTICLE V

The mentally retarded person has a right to a qualified guardian when this is required to protect his personal wellbeing and interest. No person rendering direct services to the mentally retarded should also serve as his guardian.

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ARTICLE VI

The mentally retarded person has a right to protection from exploitation, abuse and degrading treatment. If accused, he has a right to a fair trial with full recognition being given to his degree of responsibility.

ARTICLE VII

Some mentally retarded persons may be unable, due to the severity of their handicap, to exercise for themselves all of their rights in a meaningful way. For others, modification of some or all of these rights is appropriate. The procedure used for modification or denial of rights must contain proper legal safeguards against every form of abuse, must be based on an evaluation of the social capability of the mentally retarded person by qualified experts and must be subject to periodic reviews and to the right of appeal to higher authorities.

ABOVE ALL
THE MENTALLY RETARDED PERSON
HAS THE RIGHT TO RESPECT.

The International League of Societies for the Mentally Handicapped

THE RIGHTS OF INDIVIDUALS WHO ARE MENTALLY RETARDED

The rights of people who are mentally retarded are the same as yours and mine. They include:

1. The right to privacy - Everyone has the need to be alone at times. That right should be respected when toileting, when sleeping, when having private conversations with friends and relatives, or when the individual is simply in the mood.

2. The right to property - Individuals should have their own possessions which they keep in their own storage space (which is considered private). They can lock up their possessions, carry the key, and use it without restrictions. They should choose their own clothing and belongings according to personal taste and budget. They should carry and manage (or be assisted in managing) their own money and should learn to make financial decisions. They should care for their own belongings with assistance where necessary.

3. The right to communicate freely - Visiting and participating in community activities should be encouraged so that the retarded individual is able to be socially integrated with individuals who are not retarded. Incoming and outgoing mail should not be censored, although help should be available if needed. Telephone usage should not be restricted unless it interfers with the rights of the other residents living in the group home.

4. The right to individuality - The residents should not be regimented and managed as a group, but individuality should be stressed. Residents should be treated as individual persons with unique needs and personalities.

5. The right to appreciate and enjoy environmental features - Environmental beautification should be assessed both for the interior and exterior of a home. It may be displayed in the color scheme of grounds, areas, rooms, furniture, and other decor features. Individuals visiting the home often acquire attitudes shaped by the context in which the residents are presented to them. Drabness is never due to lack of funds, but to lack of interest in providing beauty and warmth which comes with a homelike atmosphere and not with an institution.

6. The right to make decisions - Often, individuals who are retarded are viewed as eternal children, not capable of sharing in decision-making. As a result, an overprotective, paternalistic environment may exist which shelters the resident against injury and risk (physical and social). The expectations for growth must be high, yet supported by kindness and warmth. The attitude of the staff, the facility design, and the programs must encourage, and be consistent with, normal growth and development.

APPENDIX R.3

GENERAL STATUTES OF NORTH CAROLINA

Chapter 168
Handicapped Persons

ARTICLE 1.
Rights

168-1. Purpose and definition. The State shall encourage and enable handicapped persons to participate fully in the social and economic life of the State and to engage in remunerative employment. The definition of "handicapped persons" shall include those individuals with physical, mental and visual disabilities. For the purposes of this Article, the definition of "visually handicapped" in G.S. 111-11 shall apply. (1973, c.493,s.1.)

168-2. Right of access to and use of public places. Handicapped persons have the same right as the ablebodied to the full and free use of the streets, highways, sidewalks, walkways, public buildings, public facilities, and all other buildings and facilities, both publicly and privately owned, which serve the public. (1973, c.493,s.1.)

168-3. Right to use of public conveyances, accommodations, etc. The handicapped and physically disabled are entitled to accommodations, advantages, facilities, and privileges of all common carriers, airplanes, motor vehicles, railroad trains, motor buses, streetcars, boats, or any other public conveyances or modes of transportation; hotels,lodging places, places of public accommodation, amusement or resort to which the general public is invited, subject only to the conditions and limitations established by law and applicable alike to all persons. (1973, c.493, s.1.)

168-4. May be accompanied by guide dog. Every visually handicapped person shall have the right to be accompanied by a guide dog, especially trained for the purpose, in any of the places listed in G.S. 168-3 provided that he shall be liable for any damage done to the premises or facilities by such dog. (1973, c.493, s.1.)

168-5. Traffic and other rights of persons using certain canes. The driver of a vehicle approaching a visually handicapped pedestrian who is carrying a cane predominantly white or silver in color (with or without a red tip) or using a guide dog shall take all necessary precautions to avoid injury to such pedestrian. (1973, c.493, s.1.)

168-6. Right to employment. Handicapped persons shall be employed in the State service, the service of the political subdivisions of the State, in the public schools, and in all other employment, both public and private, on the same terms and conditions as the ablebodied, unless it is shown that the particular disability impairs the performance of the work involved. (1973, c.493, s.1.)

168-7. Guide dogs. Every visually handicapped person who has a guide dog, or who obtains a guide dog, shall be entitled to keep the guide dog on the premises leased, rented or used by such handicapped person. He shall not be required to pay extra compensation for such guide dog but shall be liable for any damage done to the premises by such a guide dog. (1973, c.493, s.1.)

168-8. Right to habilitation and rehabilitation services. Handicapped persons shall be entitled to such habilitation and rehabilitation services as available and needed for the development or restoration of their capabilities to the fullest extent possible. Such services shall include, but not be limited to, education, training, treatment and other services to provide for adequate food, clothing, housing and transportation during the course of education, training and treatment. Handicapped persons shall be entitled to these rights subject only to the conditions and limitations established by law and applicable alike to all persons. (1973, c.493, s.1.)

168-9. Right to housing. Each handicapped citizen shall have the same right as any other citizen to live and reside in residential communities, homes, and group homes, and no person or group of persons, including governmental bodies or political subdivisions of the State, shall be permitted, or have the authority, to prevent any handicapped citizen, on the basis of his or her handicap, from living and residing in residential communities, homes, and group homes on the same basis and conditions as any other citizen. Nothing herein shall be construed to conflict with provisions of Chapter 122 of the General Statutes.

APPENDIX R.4

LEGAL SERVICES FOR DEVELOPMENTALLY DISABLED PERSONS

Effective October 1, 1976, the Child Advocacy Section of the Office for Children is able to provide legal services for developmentally disabled persons. The Office for Children has entered into a contract with Prepaid Legal Services Corporation. Under the contract, persons may retain a local attorney to represent developmentally disabled persons. The attorney would be reimbursed by Prepaid Legal Services.

For further information contact:

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APPENDIX S

DYNAMICS AND FUNCTIONS OF A BOARD OF DIRECTORS

The Board

An organized group whose responsibility is to direct, guide and support the development and continued operations of community residential programs. Generally it is not the responsibility of board members to be involved directly with the operation of the residential program as relief home manager, counselor or supervisor. Initially, however, when residential programs are begun, it may be necessary for members of the board to volunteer their services for basic (concrete) support. As a program matures, the board and/or individual members should withdraw from such involvement, turning it over to professional-hired staff or a structured volunteer service in which board members are not involved. Employees of board and volunteers should never be members of the board. The mature board is one which assumes guidance, support and direction for the program, not one of direct participation. These roles in themselves require a tremendous amount of energy, knowledge and expertise.

Membership

Widely held beliefs are that the optimal range for board size is no smaller than five and no more than fifteen. The membership should be composed of consumers and professionals who are dynamic; sensitive to the needs of human beings; flexible to the degree that they are not tied to outdated philosophies and treatment modes of handicapped individuals; are secure to the extent that they cannot be easily swayed or dominated by other individuals; and are not afraid to express their beliefs, ideas and general thoughts about the development and operations of residential programs.

1. Professional members - may be citizens who hold positions in various agencies and programs which provide human services. Persons from the following agencies may hold priority: Social Services, Mental Health Centers, Vocational Rehabilitation, Adult Rehabilitative Services, Community College - Technical Institutes, Public Health Departments, etc.

2. Consumers - include all persons who now need services, may need them in the future and general citizenry of the community. There should be balance and discretion in appointing these members. There should probably be no more than two parents or family members of handicapped individuals appointed to the board. Consideration should be given to the appointment of an individual who is a resident or could be a resident of the program. There should be appointed citizens who have no direct connection to the program through family or occupation. This latter group may be the most important in that they have no direct ego investment and can be objective with clearer perception of the issues and directions in which the program should develop.

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Advisory Structures

1. An advisory board may be developed which includes experts and professionals. An advisory board is just exactly what its name implies, that of offering advice and consultation. Members of this board should not be involved or present when policy is set or when the board of directors are dealing with administrative issues. Information from the advisory board should be presented to the board of directors, but it is the board of directors who decide the viability and usefulness of the advice relative to the functioning and development of the program. Employees may be included on this board.

2. Individual consultants should be utilized when needed. Funds should be included in the budget for consultants. The advise from the advisory board is used.

Grievance Structures

A grievance structure should be developed early in the history of the board's functioning. This structure would include policy and procedures for various persons (residents, employees, parents and family of residents, advocates, neighbors and the general citizenry) to present their grievances (should there be any) to the board.

Citizen Advocates

The Board of Directors should be aware of and support advocates for the clients that are being served. If advocate groups are not in existence, the board should help in support and development of such groups. Advocates can keep the board sensitized and aware of the programs purpose and the manner in which services are being delivered, the rights of the clients and the general treatment of the clients.

Advocates should be autonomous; i.e., individuals not involved as employees, board members or employees of the various human service programs involved or related to the residential program.

Board Responsibilities

1. Guidance - Support - Protection

   a. Guidance is the giving of general direction to the program by providing the director or designated employees with information, policies and wishes of the board which will allow the program to follow the course decided upon by the board.

   b. Support for the program is provided by listening and being sensitive to the program and the issues and problems entailed in attempting to follow the course decided upon and/or conflicts which may occur between the program, clients, general consumers and other agencies. Directions may be given to deal with the problems and conflicts and/or the board may take action itself.

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c. Protection is provided the program and its employees by dealing directly with persons, programs, government, etc., which may attempt to reach into the program to make changes, manipulate clients and employees and/or bring undue pressure upon the clients or employees because of some specific bias.

2. Coordination of Financial Security

The board is responsible for the development of funds. It is also responsible for the development and acceptance of a yearly budget and the responsible expenditures of monies.

a. The board should be aware of the sources of money from which the program can obtain funds. This would include grants from private and governmental resources, local, state and federal tax funds; and fees paid by consumers.

b. A realistic and economical budget should be developed each year.

c. The board is responsible for the expenditure of all funds. This, however, does not mean that the treasurer should have concrete control over all of the monies spent, but should have a system for accurate accounting. Due to programmatic factors in most residential programs freedom of places to purchase food, various services, etc., should be left up to the discretion of the home managers.

3. Development of a Basic Philosophy

The board should develop or approve a basic philosophy for the program; why a program like this; what is it supposed to accomplish; who it is supposed to serve; what techniques and types of facilities will be used to accomplish the goals and a general idealogy of how humans should be treated when being served by the program.

4. Policies and Procedures

The board should develop or approve policies which have to do with clients of the program (i.e., their rights, incidents that might occur, the selection of the clients, what to do in emergencies, etc.) and employees (i.e., their rights, their responsibilities, indiscretion and inappropriate behavior while on or away from the job, hours of work, pay, relationship to the board and other agencies, vacation time, etc.). Other policies having to do with various agencies (i.e., Social Services, institutions, Mental Health Centers, etc.) should be developed and/or approved by the board.

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Procedures (the techniques, activities and directions) used to carry out the policies and wishes of the board should be developed and/or approved by the board. There are many procedures which are standardized both in business and health services which need only to be selected and approved by the board. Other procedures are stated in standards and must be utilized to meet these standards. In this case, the board must be aware of them. In many instances, the board may have to develop its own procedures relative to its programs.

All procedures which have to do with the direct programmatic areas should be approved by the board (e.g., use of behavior modification, transporting residents from one place to another, use of specialized training techniques, etc.). The board needs to know what is going on.

5. Planning

Planning for future development and change is a very important responsibility of the board. Projections should be made for the future and the methods to go about obtaining these projects should be identified. The use of Management of Objectives is an excellent instrument to use in planning.

6. Development and Education of Board Members

Since many persons asked to participate as board members are from the general citizenry, they often have little knowledge of the handicapping conditions of developmentally disabled persons or the general nature of community residential programs for this group of people, it is necessary that they be trained and informed about the clients who are being served and the most up-to-date philosophies and program structures for community residential programs. There is also a need for general training on how boards function and how they as members should participate.

Monies should be budgeted for board training and development.

7. Program Evaluation

Program evaluation is a responsibility of the board (i.e., Is the program accomplishing what it is supposed to accomplish? Is it accomplishing this while maintaining the dignity and rights of the clients? Is there cost effectiveness? etc.). Evaluation may be both internal and external.

a. Internal evaluation may include client assessment, staff evaluation, program evaluation through tools and instruments that are utilized within the program itself. In addition, the board may appoint a committee which with specifice criteria investigate the functioning and operations of the program on a periodic basis.

b. External evaluation may be accomplished by the hiring of consultants (technical assistance) and use of governmental agencies, advocacy groups, etc. Information and data collected in this manner should be reported to the board. Recommendations should be made with all evaluation reports and action taken upon these recommendations if viable.

3. Self-Examination of the Board

A board should continually examine itself relative to its effectiveness and functional abilities. When it begins to debilitate the program, creating more problems in program execution than it enhances, then it should reorganize itself, re-define its role and establish useful activities. Just because a board exists does not necessarily mean it is doing good. It can be as destructive and impotent as it can be helpful and strong.

Internal Function - A Cooperative Unit

1. Adjustive Capacities of a Board

a. A board may be defined as two or more persons who have psychological and business relationships with each other. That is, the members exist as a group in a psychological field of each other which produces a dynamic relationship to each other. The psychological elements which influence this dynamic situation may be: personality, biases, socio-economic levels, professions, education, race, sex prejudices, etc. These factors have a lot to do with how the board functions. Not only does this psychological relationship exist, but also a business one and this has to do with the direction of a community residential program.

b. Within this dynamic relationship is a tremendous amount of energy, knowledge and concern for the guidance of a program, development of new programs, incorporation of new techniques and methods, understanding and solution of problems.

c. Board members demonstrate during specific times some degree of instability or disequilibrium as a result of the forces within the group. The board then is a dynamic system of forces. Changes in any part of the board produce changes in the board as a whole.

d. Board member behavior which serves to reduce the disequilibrium produced by changes in the inner forces of the board may be described as adjustive behavior. The degree to which the board's behavior is adjustive will be a function of the appropriateness of the method employed by the group as they relate to the nature of the internal imbalance.

e. A board's adjustive behavior will be most appropriate when the group utilizes the maximum resource of its total membership. This means maximum participation of all board members, each making the most effective contribution.

f. A board has within itself the adjustive capacities necessary to acquire a greater degree of internal harmony and productivity and to achieve a more effective adjustment to its environment. Provided certain conditions are met, the group will move in the direction of greater utilization of these capacities.

2. Leadership

a. The most effective chairman is one who can create the conditions by which he will actually loose the leadership to the board. (This proposition actually requires a much stronger, more sensitive and more knowledgeable individual than does authoritative leadership. It requires a leader that is secure, knows his own skills, respects himself, can respect and trust other persons, is sensitive to and knowledgeable of the board's skills and capacities. He is confident that the board can solve its immediate problems if given the chance, environment, and necessary support. He is confident the board will take action but he accelerates the process whereby its actions will be self-initiated. He is interested in the board as a developing social organism. He sees his functions as that of helping the board work out its own adjustment, and by so doing, become more self-responsible than before. And because he holds such values, the chairman is more comfortable adopting a role that seems to him consistent with these values. The chairman believes in the worth of the board members and respects them as individuals different from himself. He believes the board as a whole can provide for itself better than any single member of the board.)

b. The Chairman must ask himself certain questions.

(1) Do I trust the capacities of the board and of the individuals on the board to meet the problems with which we are faced, or do I basically only trust myself?

(2) Do I free the board for creative discussion by being willing to understand, accept and respect all attitudes or do I find myself trying subtly to manipulate group discussion so that it comes out my way?

(3) Do I as the leader participate by honest expression of my own attitudes but without trying to control the attitudes of others?

(4) Do I rely upon basic attitudes for motivation or do I think surface procedures motivate behavior?

(5) Am I willing to be responsible for those aspects of action which the board has delegated to me?

(6) Do I trust the individual member to do his job?

(7) When tensions occur, do I try to make it possible for them to be brought out into the open?

c. Conditions which the chairman tries to create.

(1) Opportunity for participation by all members. (Denial of opportunity paves the way for resistive behavior on the part of board members.)

(2) Freedom of communication about all facets of the programs or problems involved.

(3) A non-threatening psychological climate. The aim is to create a climate in which the individual board member is free from forces which he perceives as threats to self or self-concept and will actualize the positive constructive forces that are within him.

(4) Some functions of the Board Chairman

(a) Conveyance of warmth and empathy.

(b) Attending to what all members of the group have to say.

(c) Understand meanings and intents of what is said by the board members by questioning and restating what has been said.

(d) Conveyance of acceptance.

(e) Linking together what one person states with what has been said and the problem or issue at hand.

(5) Outcome

(a) Board members feel they are understood.

(b) Board members feel they are a member of a board not a pawn to be pushed around.

(c) The board member feels more accepted by others, feels more secure, more spontaneous, less defensive, less withdrawn, more confident, less dehumanized.

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(d) The board feels the responsibility for evaluation lies within its members.

(e) Board members gain understanding of themselves and the other members of the board.

(f) There is a change from ego-centered participation as a board member to group-centered participation.

(g) There is a decrease in the dependence upon the leader.

(h) Acceptance of board standards.

3. The Board Member

a. Understands purpose, responsibility and functions of board of directors.

b. Has knowledge and language related to purpose of board.

(1) Can communicate

(2) Can deal with concepts, theories, analogies, etc.

(3) Examines own and other's concepts

c. Strength: recognizes it lies in membership of board as cooperative unit. Members not to be used as tools, but creative productive humans.

d. Secure

(1) Respects self

(2) Trusts others

(3) Not ego-centered or impulsive

(4) Will stand up for certain principles and convictions.

e. Sensitive both to an individual's needs and geo-political units characteristics.

f. Has concept of embryogony - knows where the beginning place is and what to expect and anticipate as the program develops.

g. Is human

(1) Does not forget his own humaness when serving as member of board and is sensitive to the humans the programs serve.

ACKNOWLEDGEMENTS

The organization and information of the material contained herein are the result of a special committee appointed to develop a Group Home Procedure Manual by the Division of Mental Health Services - Mental Retardation Section Office. The first manual was printed in July, 1974.

The purpose as set forth by the committee was to develop a "cookbook" or "guide" for those persons interested in group home development for mentally retarded adults.

Representation on this committee reflects the various local and state agencies necessary in the organization and development of a group home.

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